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Rules of Governmental Agencies

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INTRODUCTION

The Illinois Register is the official state document for publishing public notice of rulemaking activity by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category. Rulemaking activity consists of proposed or adopted new rules or amendments to or repealers of existing rules, including those by emergency or peremptory action.

The *Register* also contains Executive Orders and Proclamations issued by the Governor, notices of public information required by State statute, and activities (meeting agendas, Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State agencies. In addition, the *Register* contains a Cumulative Index listing alphabetically by agency the Parts (sets of rules) on which rulemaking activity has occurred in the current *Register* volume and a Sections Affected Index listing, by Title of the *Illinois Administrative Code*, each Section (including supplementary material) of a Part on which rulemaking activity has occurred in the current volume. Both indices are action coded and are designed to aid the public in monitoring rules.

The *Register* will serve as the update to the *Illinois Administrative Code*, a compilation of the rules of State agencies. The most recent edition of the *Code* along with the *Register* comprise the most current accounting of the State agencies' rules.

The *Illinois Register* is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1985, ch. 127, pars. 1001 et seq., as amended).

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|---------------------------------------|-----------------------------|------------------------|------------------|---------------------------------------|-----------------------------|------------------------|----------------------|
| Dec. 19, 1989 | Dec. 26, 1989 | 1 | Jan. 5, 1990 | June 26, 1990 | July 3, 1990 | 28 | July 13, 1990 |
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| May 1, 1990 | May 8, 1990 | 20 | May 18, 1990 | Nov. 5, 1990 | Nov. 13, 1990 | 47 | Nov. 26, 1990 (Mon.) |
| May 8, 1990 | May 15, 1990 | 21 | May 25, 1990 | Nov. 13, 1990 | Nov. 20, 1990 | 48 | Nov. 30, 1990 |
| May 15, 1990 | May 22, 1990 | 22 | June 1, 1990 | Nov. 20, 1990 | Nov. 27, 1990 | 49 | Dec. 7, 1990 |
| May 22, 1990 | May 29, 1990 | 23 | June 8, 1990 | Nov. 27, 1990 | Dec. 4, 1990 | 50 | Dec. 14, 1990 |
| May 29, 1990 | June 5, 1990 | 24 | June 15, 1990 | Dec. 4, 1990 | Dec. 11, 1990 | 51 | Dec. 21, 1990 |
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| June 19, 1990 | June 26, 1990 | 27 | July 6, 1990 | Dec. 24, 1990 | Dec. 31, 1990 | 2 | Jan. 11, 1991 |

Please note: When the Register deadline falls on a State holiday, the deadline becomes 4:30 p.m. on Monday (the day before).



ABANDONED MINED LANDS RECLAMATION COUNCIL

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: ABANDONED MINED LANDS RECLAMATION2) Code Citation: 62 Ill. Adm. Code 25013) Section Numbers:

| <u>Section Numbers</u> | <u>Proposed Action</u> |
|------------------------|------------------------|
| 2501.7 | Amendment |
| 2501.10 | Amendment |
| 2501.13 | Amendment |
| 2501.16 | Amendment |
| 2501.19 | Amendment |
| 2501.25 | Amendment |

4) Statutory Authority:

Authorized by Section 3.01 of the Abandoned Mined Lands and Water Reclamation Act, (Ill. Rev. Stat. 1989, Ch. 96½, par. 8003.01)

5) A Complete Description of the Subjects and Issues Involved:

The rules in this Part implement the Abandoned Mined Lands and Water Reclamation Act (Ill. Rev. Stat. 1989, Ch. 96½, par. 8001.01 et seq.) which provide for the reclamation of mined lands that were abandoned prior to August 3, 1977. This Illinois law is complementary to Title IV of the Federal Surface Mining Control and Reclamation Act of 1977 (30 U.S.C. 1201 et seq.). Under the Federal Act, a portion of the money collected by the federal government from a fee imposed on coal mining operations can be provided through cooperative agreements or grants to states which have a federally approved State Reclamation Plan. The rules in the Part will constitute a part of the State Reclamation Plan. The proposed amendments will bring the State abandoned mine lands program into greater consistency with recent federal policy directives.

A subsection (d) is added to Section 2501.7, and Section 2501.10 is being amended to fully implement P.A. 86-145 concerning non-coal reclamation. Sections 2501.13, 2501.16 and 2501.19 are being amended to clarify and improve project selection criteria. Section 2501.25 is being amended to clarify the criteria for determining what constitutes a significant increase in market value of reclaimed property for purposes of waiving potential reclamation liens.

6) Will this proposed rule replace an emergency rule currently in effect? No.7) Does this rulemaking contain an automatic repeal date? No.

ABANDONED MINED LANDS RECLAMATION COUNCIL

NOTICE OF PROPOSED AMENDMENTS

8) Do the proposed amendments contain any incorporations by reference? Yes; 2501.19; 2501.25

a) The requirements for State Reclamation Grants are set forth in 30 CFR 886.

b) Appraisal format and content as recommended in Regulation 10 of the American Institute of Real Estate Appraisers of the National Association of Realtors, Code of Professional Ethics, as amended November 4, 1989, are incorporated in Section 2501.25(a).

9) Are there any proposed amendments pending to this Part? No.10) Statement of Statewide Objectives:

The rules in this Part provide guidelines and procedures for selection and reclamation of abandoned mine sites, as further explained in Section 2501.7.

11) Time, Place and Manner in Which Interested Persons May Comment on This Proposed Rulemaking:

Interested persons may submit written comments at any time during the first notice period. The first notice period shall commence on the date this Notice is published in the Illinois Register, and shall expire 45 days thereafter. Comments should be directed to:

Timothy J. Hickmann, Executive Director
Abandoned Mined Lands Reclamation Council
928 South Spring Street
Springfield, Illinois 62704

Interested persons may request a public hearing by submitting such request in writing to the above-named person at least ten (10) days prior to the expiration of the first notice period.

12) Initial Regulatory Flexibility Analysis:

The rules in this Part have no effect on the operation of businesses.

The full text of the proposed amendments begins on the next page.

NOTICE OF PROPOSED AMENDMENTS

CHAPTER II: ABANDONED MINED LANDS RECLAMATION COUNCIL
TITLE 62: MININGPART 2501
ABANDONED MINED LANDS RECLAMATION

| | |
|---------|--|
| Section | Scope |
| 2501.1 | Definitions |
| 2501.4 | Objectives and Priorities |
| 2501.7 | Eligible Lands and Water |
| 2501.10 | Project Selection |
| 2501.13 | Priorities Ranking of Reclamation Sites |
| 2501.16 | Project Deferment |
| 2501.19 | Annual Grant Process |
| 2501.22 | Reclamation Activities |
| 2501.25 | Reclamation on Private Lands |
| 2501.28 | Rights of Entry |
| 2501.31 | Land Acquisition, Management and Disposal |
| 2501.34 | Emergency Abatement Activities |
| 2501.37 | Advisory Committee (Repealed) |
| 2501.40 | Public Participation (Repealed) |

AUTHORITY: Implementing and authorized by the Abandoned Mined Lands and Water Reclamation Act (Ill. Rev. Stat. 1985, ch. 96½, pars. 8001.01 et seq.).

SOURCE: Adopted and codified at 5 Ill. Reg. 9740, effective October 1, 1981; recodified at 8 Ill. Reg. 7212; amended at 9 Ill. Reg. 6641, effective May 1, 1985; emergency amendments at 10 Ill. Reg. 1254, effective January 1, 1986 for a maximum of 150 days; amended at 10 Ill. Reg. 14271, effective August 14, 1986; amended at 15 Ill. Reg. _____, effective _____.

NOTICE OF PROPOSED AMENDMENTS

Section 2501.7 Objectives and Priorities

a) IT IS THE POLICY OF THIS STATE TO PROVIDE FOR THE CONSERVATION AND RECLAMATION OF LANDS AND WATER AFFECTED BY MINING WHICH HAVE BEEN ABANDONED, IN ORDER TO RESTORE THESE ABANDONED LANDS AND WATERS TO SUCH PRODUCTIVE USE, IN ACCORDANCE WITH THIS STATE'S CONSERVATION AND LAND RECLAMATION POLICIES, AS WILL AID IN MAINTAINING OR IMPROVING THE PROPERTY TAX BASE, PROTECT THE HEALTH, SAFETY AND GENERAL WELFARE OF THE PEOPLE, PROMOTE THE NATURAL BEAUTY AND AESTHETIC VALUES OF THIS STATE AND ENHANCE THE ENVIRONMENT, AND CORRECT AND PREVENT SOIL EROSION, STREAM POLLUTION, WATER, AIR AND LAND POLLUTION, AND OTHER INJURIOUS EFFECTS TO PERSONS, PROPERTY, WILDLIFE AND NATURAL RESOURCES. (Ill. Rev. Stat. 1983, ~~ch~~ 1989, Ch. 96½, par 8001.02(a)) The goal of the state reclamation program described in this Part is to alleviate adverse environmental effects of abandoned mines and, whenever possible, to improve those abandoned lands to support a suitable land use.

b) It is the expressed intent of the General Assembly that the Council, in implementing these policies, administer the reclamation program in a way which satisfies the requirements of the Federal Act. Accordingly, the provisions of this Part shall be construed, if possible, in a manner which is consistent with the requirements of the Federal Act and the regulations promulgated thereunder.

c) EXPENDITURES OF MONEY ON ABANDONED COAL MINED LANDS FOR THE PURPOSES OF THE RECLAMATION PROGRAM SHALL REFLECT THE FOLLOWING PRIORITIES IN THE ORDER STATED:

- 1) THE PROTECTION OF PUBLIC HEALTH, SAFETY, GENERAL WELFARE, AND PROPERTY FROM EXTREME DANGER OF ADVERSE EFFECTS OF COAL MINING PRACTICES;
- 2) THE PROTECTION OF PUBLIC HEALTH, SAFETY, GENERAL WELFARE FROM ADVERSE EFFECTS OF COAL MINING PRACTICES;
- 3) THE RESTORATION OF LAND AND WATER RESOURCES AND THE ENVIRONMENT PREVIOUSLY DEGRADED BY ADVERSE EFFECTS OF COAL MINING PRACTICES INCLUDING MEASURES FOR THE CONSERVATION AND DEVELOPMENT OF SOIL, WATER (EXCLUDING CHANNELIZATION), WOODLAND, FISH AND WILDLIFE, RECREATION RESOURCES, AND AGRICULTURAL PRODUCTIVITY;
- 4) RESEARCH AND DEMONSTRATION PROJECTS RELATING TO THE DEVELOPMENT OF SURFACE MINING RECLAMATION AND WATER QUALITY CONTROL PROGRAM METHODS AND TECHNIQUES;

ABANDONED MINED LANDS RECLAMATION COUNCIL

NOTICE OF PROPOSED AMENDMENTS

- 5) THE PROTECTION, REPAIR, REPLACEMENT, CONSTRUCTION, OR ENHANCEMENT OF PUBLIC FACILITIES SUCH AS UTILITIES, ROADS, RECREATION, AND CONSERVATION FACILITIES ADVERSELY AFFECTED BY COAL MINING PRACTICES;
- 6) THE DEVELOPMENT OF PUBLICLY OWNED LAND ADVERSELY AFFECTED BY COAL MINING PRACTICES INCLUDING LAND ACQUIRED AS PROVIDED IN THE FEDERAL ACT FOR RECREATION AND HISTORIC PURPOSES, CONSERVATION, AND RECLAMATION PURPOSES AND OPEN SPACE BENEFITS. (Ill. Rev. Stat. 1983, 1989, Ch. 96, par 8001.03(a))
- d) The Council may make expenditures on lands mined for substances other than coal for the protection of the public health and safety; provided, however, that annual expenditures for non-coal reclamation shall not exceed 2% of the Council's annual budget for mine land reclamation; and provided further that all obligations for such expenditures shall be made by August 14, 1994.

(Source: Amended at 15 Ill. Reg. _____, effective _____.)

Section 2501.10 Eligible Lands and Water

- a) Lands Coal lands and water are eligible for reclamation activities with federal funds provided pursuant to the Federal Act if:

- 1) They were mined for coal or affected by such mining coal mining processes;
- 2) They were abandoned or left in either an unreclaimed or inadequately reclaimed condition prior to August 3, 1977 mined prior to August 3, 1977, and left or abandoned in either an unreclaimed or inadequately reclaimed condition; and
- 3) There is no continuing responsibility for reclamation by the operator, permittee, or agent of the permittee under State or Federal laws or regulations statutes of the State or Federal Government, or as a result of bond forfeiture. Bond forfeiture will render lands or water ineligible only if the amount forfeited is sufficient to pay the total cost of the necessary reclamation. In cases where the forfeited bond is insufficient to pay the total cost of reclamation, additional federal funding may be sought.

ABANDONED MINED LANDS RECLAMATION COUNCIL

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- b) Lands Non-coal lands and water are eligible for reclamation activities if: they were non-coal mined lands and water abandoned or left in an inadequate reclamation status and which pose extreme danger to public health, safety, general welfare and property.
- (1) They were mined or affected by mining processes;
 - (2) They were mined prior to August 3, 1977, and left or abandoned in either an unreclaimed or inadequately reclaimed condition;
 - (3) There is no continuing responsibility for reclamation by the operator, permittee, or agent of the permittee under statutes of the State or Federal Government as a result of bond forfeiture, which will render lands or water ineligible only if the amount forfeited is sufficient to pay the total cost of the necessary reclamation or, in cases where the forfeited bond is insufficient to pay the total cost of reclamation, additional federal funding may be sought;

- (4) The Governor concurs that reclamation is necessary and submits a letter of request to the Federal Office; and

- (5) The reclamation is necessary for the protection of the public health and safety or all coal related reclamation has been accomplished.

(Source: Amended at 15 Ill. Reg. _____, effective _____.)

Section 2501.13 Project Selection

- a) The Council shall select projects for reclamation from the inventory in the manner prescribed by Section 2501.16; the Council will select only high priority sites for reclamation until all such sites in Illinois have been reclaimed.

- b) The term "high priority sites" shall include those eligible lands which must be reclaimed for:

- 1) THE PROTECTION OF PUBLIC HEALTH, SAFETY, GENERAL WELFARE, AND PROPERTY FROM THE EXISTENCE OF ADVERSE EFFECTS OF MINING PRACTICES; AND
- 2) THE PROTECTION OF PUBLIC HEALTH, SAFETY, AND GENERAL WELFARE FROM ADVERSE EFFECTS OF COAL MINING PRACTICES;

as set forth in subsection (e) and (d).

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e)---~~For underground coal mines, sites which include one or more of the following problem conditions are considered high priority sites:~~

1)---~~Mine openings which are open or are partially open so as to present a danger of physical access or escaping mine gas;~~

2)---~~Escaping mine gases;~~

3)---~~Surface or underground mine fires;~~

4)---~~Exposed gab or slurry;~~

5)---~~Abandoned tipple areas;~~

6)---~~Water impoundments with a pH less than 5.0;~~

7)---~~Damaging mine drainage to adjacent ditches, streams, and/or rivers;~~

8)---~~Subsidence or sinks;~~

d)---~~For surface coal mines, sites which include one or more of the following problem conditions are considered high priority sites:~~

1)---~~Surface or underground mine fires;~~

2)---~~Exposed gab or slurry;~~

3)---~~Abandoned tipple areas;~~

4)---~~Water impoundments with a pH less than 5.0;~~

5)---~~Spoil banks with a pH less than 5.0;~~

6)---~~Spoil banks with a vegetation density less than 25%;~~

7)---~~Damaging mine drainage to adjacent ditches, streams, and/or rivers;~~

a) The Council shall select projects for reclamation from an abandoned mine site database which contains all known abandoned mine sites in the State that were affected prior to August 3, 1977 and which contained problem conditions. This database includes sites reported in the Resource Document of the original State Plan, all high priority sites included in the Phase II National Abandoned Mine Land Inventory, and additional sites which may periodically be brought to the attention of the Council by landowners or other concerned citizens.

b) The Council shall review the AML database each year to identify the unreclaimed or inadequately reclaimed sites containing the most significant remaining problem conditions. Problem conditions include in order of relative significance:

1) Surface openings resulting from improperly sealed mine portals or caused by underground mine subsidence;

2) Escaping mine gases;

3) Surface or underground mine fires;

4) Hazardous equipment or facilities left behind by the mining operation;

5) Dangerous impoundments constructed by the mine;

6) Dangerous, unprotected highwalls in close proximity to populated areas or public use;

7) Polluted water used for consumption;

8) Dangerous refuse piles or embankments;

9) Exposed coal refuse material or spoilbanks contributing to off-site pollution;

10) Acid water impoundments.

c) Sites identified as containing significant problem conditions shall be further prioritized based upon an evaluation of the following criteria to determine the probable benefits to be derived from reclamation:

1) Relative degree of continued impacts if left unreclaimed;

2) Proximity of site to populated areas or public use areas;

3) Additional site benefits including improvements in land use and development of public lands; protection of public facilities; and, research or demonstration of new techniques;

4) Technology available to assume reasonable probability of success; and;

5) Cost-effectiveness of the necessary action.

(Source: Amended at 15 Ill. Reg. _____, effective _____.)

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Section 2501.16 Priority-Ranking-of-Reclamation-Sites Project Deformt

Depending-upon-available-funding, high-priority-sites-shall-be-chosen-for reclamation-using-the-criteria-listed-below. The-procedure-for-requesting annual-grants-of-federal-funds-for-selected-reclamation-projects-is-set-forth in-Section-2501.19.

a)---When-available-funding-or-staff-capabilities-are-insufficient-to address-all-high-priority-sites, high-priority-sites-meeting-one-or more-of-the-following-conditions-shall-be-eliminated-from consideration-for-funding-for-a-particular-year, when:

1)---The-mining-industry-is-planning-or-is-conducting-or-has-the responsibility-for-conducting-reclamation-to-alleviate-problem conditions-at-a-site;

2)---There-exists-ongoing-use-and-responsibility-for-reclamation-to alleviate-problem-conditions, associated-with-active-landfill sites, salvage-yards, material-storage-yards, or other-uses-of mined-lands;

3)---There-is-an-ongoing-or-planned-remining-operation-interested-in the-site--in-such-cases, a-permit-under-title-V-of-the-Federal Act-is-required-to-insure-that-the-area-is-reclaimed;

4)---There-is-ongoing-or-anticipated-reclamation-by-natural processes-so-that-natural-reclamation-will-be-effective-and efficient-considering-such-factors-as-cost-and-potential-or existing-hazards-to-human-life, the-environment, or-public-or private-property;

5)---There-is-ongoing-or-planned-reclamation-at-a-site-by-the Federal-officer, the-Gold-Conservation-Service, the-Council, or other-public-or-private-agencies;

6)---There-exists-the-financial-capability-of-the-owner-to-assume the-reclamation-responsibility, where-the-sites-currently-have commercial-value; or

7)---There-is-a-planned-or-currently-operating-secondary-coal recovery-operation-provided-however-that-only-the-areas-within the-site-which-will-be-affected-by-such-operation-shall-be eliminated-from-consideration.

b)---Remaining-high-priority-sites-will-be-objectively-evaluated, based on-available-information, to-determine-the-actual-benefits-to-be derived-from-reclamation. Three-categories-of-benefits-will-be evaluated:

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1)---Elimination-of-adverse-environmental-effects:

A)---Surface-chemical-drainage---considering-the-severity-and percent-contribution-of-the-problem-site-source-in relation-to-current-water-quality-and-the-effectiveness-of proposed-reclamation-on-a-watershed-basis;

B)---Erosion/siltation---considering-the-potential-for additional-off-site-damage-relative-to-the-damage-that-has already-occurred-and-the-quality-and-value-of-additional resources-that-might-be-affected;

C)---Ground-water-contamination---considering-the-size-and type-of-source-affected;

D)---Surface-and-structure-stability---considering-the-degree of-surface-and-structure-problem-relative-to-other environmental-problems, as-well-as-site-location-and accessibility.---This-includes-mine-openings, tipple structures, subsidence-areas-and-highwalls---highwalls-considering-the-degree-of-high-wall-problem-relative-to immediate-on-site-environmental-problems, with-emphasis given-to-sites-with-past-records-of-serious-problems;

E)---Threatened-areas---considering-the-potential-threat-to environmental, economic, cultural, and-historical-areas and-resources-relative-to-the-probability-of-occurrence as-well-as-the-restorative-capabilities-of-the-affected resource;

2)---Improvement-of-land-use:

A)---Increase-useability;

B)---Enhance-surrounding-land-use;

C)---Allow-public-use;

3)---Achievement-of-other-reclamation-objectives:

A)---Restoration-of-other-eligible-land-and-water;

B)---Research-and-demonstration---considering-the-feasibility and-amount-of-application-the-project-may-have;

C)---Protection/repair-of-public-facilities;

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b) Development of public lands considering potential for public use and ability of the public entity to develop and maintain the site following reclamation.

c) Each subcategory within the three categories described in subsection (b) of this Section will be assigned points based on the anticipated benefits: no benefits -- 0 points; minimal benefits -- 1 point; moderate benefits -- 2 points; extensive benefits -- 3 points. As used in this Section, "minimal," "moderate," and "extensive" indicate the degree of benefits to be derived from reclamation of a particular site relative to the benefits to be derived from all other potential sites.

d) Those high priority sites with the highest numerical values from subsection (c) of this Section will then be addressed. For each site a basic reclamation technique will be selected, and an estimate of reclamation costs will be developed. Based on anticipated available funds, reasonable geographic distribution, and the perceived needs of local citizens, sites will be selected for reclamation planning.

e) Project development

1) Reclamation planning for each site will include an evaluation of the following elements in relation to all other potential reclamation sites:

A) Technology available to assure reasonable probability of successful reclamation.

B) Public acceptability of land use(s) which are reasonably achievable.

C) Public acceptability of adverse impacts.

D) Probability of management necessary to maintain successful reclamation, including development compatible with post-reclamation site conditions, monitoring to identify emerging site problems, and maintenance to correct identified problems.

E) Cost effectiveness.

2) Public participation and input will be actively solicited during the planning process as provided in Section 2501.19.

3) If any of the criteria of subsection (e)(1) of this Section are not met for any site, project development will stop until all criteria are met.

f) Project design will be initiated for sites meeting all of the criteria of subsection (e)(1) of this Section. The Council will prepare environmental assessments and develop construction drawings and specifications. Projects will be bid and reclamation will occur as provided in Section 2501.22.

From the most significant abandoned mine sites identified in accordance with Section 2501.13, projects will be developed for inclusion in the annual grant application which have the highest probability for successful reclamation within the upcoming three year grant period based upon the criteria and considerations listed below.

(a) Sites must exhibit a high probability for achievement of successful reclamation, including:

(1) Satisfactory funding levels for the immediate grant year;

(2) Availability of Design and Technical Staff, assigned to three regions of the State (northern, central, and southern), for project design and/or monitoring;

(3) Existence of a technically feasible design solution to existing problems; and

(4) Evidence that a timely Consent for Entry can be obtained from the owner(s) of the project site.

(b) Significant sites exhibiting one or more of the following conditions shall be eliminated from consideration for funding for a particular year, when:

(1) There exists ongoing use and responsibility for reclamation to alleviate problem conditions, associated with active landfill sites, salvage yards, material storage yards, or other uses of mined lands;

(2) There is an ongoing or planned mining operation interested in the site;

(3) There is a planned or currently operating secondary coal recovery operation; provided, however, that only the areas within the site which will be affected by such operation shall be eliminated from consideration;

ABANDONED MINED LANDS RECLAMATION COUNCIL

NOTICE OF PROPOSED AMENDMENTS

(4) There is ongoing or planned reclamation or development of a site by any federal office, the Soil Conservation Service, or other public or private agencies or individuals; or

(5) There is ongoing or anticipated successful stabilization by natural processes so that natural reclamation will be effective and efficient considering such factors as cost and potential or existing hazards to human life, the environment, or public or private property.

(c) The Executive Director shall present the proposed projects for the grant application to the Council members for preliminary approval at a Council meeting. A list of approved projects will be advertised for public comment as part of the annual grant process. Thereafter the proposed project list shall be subject to final approval of the Council members at the next Council meeting. The approved project list shall be included in the annual grant submission.

(Source: Amended at 15 Ill. Reg. _____, effective _____.)

Section 2501.19 Annual Grant Process

For projects selected for reclamation pursuant to Section 2501.16, the Council will submit an annual grant application to the Federal Office. It is the Council's policy, in developing proposed annual grant applications, to encourage public input, and project recommendations from local officials, organizations, and citizens will be considered. Any interested person may submit information and comments regarding AML programs, projects, and Council Activities as set forth in 2 Ill. Adm. Code 1500.60. Copies of the annual grant application will be provided to the public upon written request to the Council, First-Floor---Alzine-Building---100-North-First-Street 928 South Spring Street, Springfield, Illinois 62704. In addition, notice of annual grant applications will be circulated through the Illinois State Library System and the Illinois State Clearinghouse. The Council shall comply fully with the requirements of 30 CFR 886 (4982) (1988) with respect to all annual grant applications. (No incorporation by reference in this part includes any later amendments or additions.)

(Source: Amended at 15 Ill. Reg. _____, effective _____.)

Section 2501.25 Reclamation on Private Lands

Reclamation may be carried out on private land if consent is obtained as provided in Section 2501.28(a), or if the requisite findings are made and notice given pursuant to Section 2501.28(b). When reclamation is to be carried out on private land, the Council shall adhere to the following procedures concerning appraisals, liens, and satisfaction of liens:

ABANDONED MINED LANDS RECLAMATION COUNCIL

NOTICE OF PROPOSED AMENDMENTS

a) Appraisals

1) A notarized appraisal of private land to be reclaimed which may be subject to a lien under subsection (b) shall be obtained from an independent professional appraiser. Such appraisal shall meet the quality of appraisal practices found in Regulation 10 of the American Institute of Real Estate Appraisers of the National Association of Realtors, Code of Professional Ethics, as amended November 4, 1984 1989. The appraisal shall state:

A) The estimated market value of the property in its unreclaimed condition; and

B) The estimated market value of the property as reclaimed.

2) This appraisal shall be made prior to the start of reclamation activities, except as provided in subsection (a)(3). The Council shall furnish to the appraiser information of sufficient detail in the form of plans, factual data, specifications, etc., to make such appraisals. When reclamation requires more than six months to complete, an updated appraisal of the estimated market value of the property as reclaimed shall be made to determine if the increase in value as originally appraised has actually occurred. Such updated appraisal shall not include any increase in value of the land as unreclaimed. If the updated appraisal value results in lower increase in value, such lower increase shall be used as the basis for the lien. However, an increase in value resulting from the updated appraisal shall not be considered in determining a lien.

3) When any abandoned mine condition presents a high probability of substantial physical harm to the health, safety or general welfare of people, as set forth in Section 2501.34, before the danger can be abated under normal program operations procedures, reclamation activities or abatement procedures shall not be delayed in order to obtain any necessary appraisal. In such instances, the appraisal shall be obtained at the earliest practical time after reclamation activities or abatement procedures have been commenced.

b) Liens

1) The Council shall place a lien against land reclaimed if the reclamation results in a significant increase in fair market value, except that:

ABANDONED MINED LANDS RECLAMATION COUNCIL

NOTICE OF PROPOSED AMENDMENTS

A) A LIEN SHALL NOT BE PLACED AGAINST THE PROPERTY OF A SURFACE OWNER WHO ACQUIRED TITLE PRIOR TO MAY 2, 1977, AND WHO DID NOT CONSENT TO, PARTICIPATE IN, OR EXERCISE CONTROL OVER THE MINING OPERATION WHICH NECESSITATED THE RECLAMATION WORK, (Ill. Rev. Stat. ~~1985~~ 1989, Ch. 96 $\frac{1}{2}$, par 8002.09(b)) $\frac{1}{2}$;

B) A lien may be waived if findings made prior to construction indicate that the reclamation work to be performed on private land shall primarily benefit the health, safety, or environmental values of the greater community or area in which the land is located; or if the reclamation is necessitated by an unforeseen occurrence, and the work performed to restore that land will not result in a significant increase in the market value of the land as it existed immediately before the unforeseen occurrence; and

C) The Council may waive the lien if the cost of filing it, including indirect costs to the State, exceeds the increase in fair market value as a result of the reclamation activities.

2) The determination of what constitutes a significant increase in market value shall be based upon the following relevant considerations: the actual cost of the reclamation, the benefit of the reclamation to the public and the greater environment, aesthetic benefits, the possible uses for the land before and after reclamation, and the actual increase in property value of land subject to a potential lien, or what factual situation justifies a waiver of lien, will be made to assure that AML program funds are used to benefit the health, safety, or environmental values of the greater community and avoid windfall profits to owners of reclaimed land. The manner in which the subject property was acquired shall be considered. An increase in fair market value of less than \$8,000.00, or less than 20 percent of total fair market value before reclamation, shall not be considered significant.

ABANDONED MINED LANDS RECLAMATION COUNCIL

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3) If a lien is to be filed, the Council shall, within six months after the completion of the reclamation work, file a statement in the Office of the Recorder of Deeds in the County wherein the reclaimed land is located. Such statement shall consist of notarized copies of the appraisal obtained under subsection (a) and shall include an account of moneys expended for the reclamation work. The amount reported to be the increase in value of the property shall constitute the lien to be recorded. Provided, however, that prior to the time of the actual filing of the proposed lien, the landowner shall be notified of the amount of the proposed lien and shall be allowed a reasonable time to repay that amount instead of allowing the lien to be filed against the property involved.

4) Within 60 days after the lien is filed, the landowner may petition the Council, through the Executive Director, for a hearing to determine the increase in market value of the land as a result of reclamation work. Any party aggrieved by the decision of the Council may seek appropriate judicial relief at the Circuit Court.

c) Satisfaction of Liens

1) A lien placed on private property shall be satisfied, to the extent of the value of the consideration received, at the time of transfer of ownership. Any unsatisfied portion shall remain as a lien on the property.

2) The Council shall maintain or renew each lien from time to time as may be required.

3) Monies derived from the satisfaction of liens established under this Section shall be deposited in the State fund currently entitled "Abandoned Mined Lands Reclamation Council Federal Trust Fund."

(Source: Amended at 15 Ill. Reg. _____, effective _____.)

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENT

1) The Heading of the Part: AID TO FAMILIES WITH DEPENDENT CHILDREN

2) Code Citation: 89 Ill. Adm. Code 112

3) Section Number: Proposed Action:

112.340 New Section

4) Statutory Authority: Sections 4-15 and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, Ch. 23, Pars. 4-15 and 12-13)

5) A Complete Description of the Subjects and Issues Involved: This rulemaking provides that individuals released from a Department of Corrections facility who are qualified applicants and who appear for the interview scheduled for them prior to their release by DOC are eligible to receive a one time assistance payment, called a New Start Payment, in the amount of the monthly payment level for the assistance unit size.

6) Will this Proposed Amendment replace an Emergency Amendment currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date?
Yes ☒ No ☐

8) Does this Proposed Amendment contain incorporations by reference? No

9) Are there any other Proposed Amendments pending on this Part? Yes

| Section Numbers | Proposed Action | Illinois Register Citation |
|-----------------|-----------------|--|
| 112.64 | Amendment | December 7, 1990 (14 Ill. Reg. 19568) |
| 112.143 | Amendment | October 2, 1990 (14 Ill. Reg. 16768) |

10) Statement of Statewide Policy Objectives: This rulemaking has no effect on local governmental units.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning the proposed rulemaking. All comments must be

DEPARTMENT OF PUBLIC AID

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in writing and should be addressed to Anita Williams, Staff Attorney, Office of the General Counsel, Illinois Department of Public Aid, Jesse B. Harris Bldg. II, 100 South Grand Avenue East, 3rd Flr., Springfield, Illinois 62762 (217) 782-1233. The Department will consider all written comments it receives within 30 days of the date of publication of this notice.

12) Initial Regulatory Flexibility Analysis: This rulemaking has no effect on small businesses.

The full text of the Proposed Amendment is identical to the text of the Emergency Amendment which appears in this issue of the Register on page 340.

DEPARTMENT OF PUBLIC AID

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1) The Heading of the Part: MEDICAL ASSISTANCE PROGRAMS

2) Code Citation: 89 Ill. Adm. Code 120

3) Section Numbers: Proposed Action:

120.61 Amendment
120.72 Amendment
120.74 Amendment
120.386 Amendment

4) Statutory Authority:

89 Ill. Adm. Code 120.61 and 120.386

Section 5-4 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, Ch. 23, Par. 5-4)

89 Ill. Adm. Code 120.72 and 120.74

Section 5-4 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, Ch. 23, Par. 5-4)

5) A Complete Description of the Subjects and Issues Involved:

89 Ill. Adm. Code 120.61 and 120.386

This rulemaking adjusts the minimum and maximum resource standards used to determine resource eligibility and community spouses' maximum maintenance standards as a result of the increase in the Consumer Price Index.

89 Ill. Adm. Code 120.72 and 120.74

This rulemaking increases the federally mandated timetable of percentage increase in the Qualified Medicare Beneficiary Income Standard. These percentages are tied to the Federal Poverty Income Guidelines.

6) Will these Proposed Amendments replace Emergency Amendments currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date?

Yes ☒ No ☐

8) Do these Proposed Amendments contain incorporations by reference? No

9) Are there any other Proposed Amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking has no effect on local governmental units.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning the proposed rulemaking. All comments must be in writing and should be addressed to Anita Williams, Staff Attorney, Office of the General Counsel, Illinois Department of Public Aid, Jesse B. Harris Building II, 100 South Grand Avenue East, 3rd Floor, Springfield, Illinois 62762 (217) 782-1233. The Department will consider all written comments it receives within 30 days of the date of publication of this notice.

12) Initial Regulatory Flexibility Analysis: This rulemaking has no effect on small businesses.

The full text of the Proposed Amendment is identical to the text of the Emergency Amendment which appears in this issue of the Register on page 350.

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Client Financial Participation
- 2) Code Citation: 89 Ill. Adm. Code 562
- 3) Section Numbers: Proposed Action:
562.30 Amendment
- 4) Statutory Authority: Sections 3(a), (b), and (k) of "AN ACT in relation to rehabilitation of persons with one or more disabilities" (Ill. Rev. Stat. 1989), ch. 23, pars. 3434(a), (b), and (k).
- 5) A Complete Description of the Subjects and Issues involved:
We are amending our financial participation rules to state that a client who has received private monetary award or gift which is unrestricted as to use need not use this money as part of his/her rehabilitation plan.
- 6) Will this proposed rule replace an emergency rule currently in effect? No
___ Yes X No
- 7) Does this rulemaking contain an automatic repeal date?
___ Yes X No
- 8) Does this proposed rule (amendment, repealer) contain incorporations by reference? No
- 9) Are there any other amendments pending on this Part? No

Section Numbers Proposed Action Illinois Register Citation

- 10) Statement of Statewide Policy Objectives (if applicable):
Not Applicable

- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules within 45 days after this issue of the Illinois Register. All requests and comments should be submitted in writing to:

Ms. Janice Lobb
Regulations and Training Division
Department of Rehabilitation Services
P.O. Box 19429
Springfield, Illinois 62794-9429

Telephone number: (217) 785-3896
T.D.D.: (217) 782-5734

NOTICE OF PROPOSED AMENDMENTS

- If because of physical disability you are unable to put comments into writing, you may make them orally to the person listed above.
- 12) Initial Regulatory Flexibility Analysis: The Department has determined that this rulemaking will not affect small businesses.

The full text of the Proposed Amendment(s) begins on the next page:

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF REHABILITATION SERVICES
SUBCHAPTER b: VOCATIONAL REHABILITATION

PART 562

CLIENT FINANCIAL PARTICIPATION

- Section
562.10 General Applicability
562.20 Exclusions from Economic Needs Test
562.30 Financial Participation
562.40 Parental or Guardian Participation in Completing the Financial Analysis Form
562.50 Client Emancipation (Repealed)
562.60 Consideration of Settlements from Litigation or Other Sources
562.70 Refusal to Financially Participate
562.80 Timing of Financial Analysis
562.90 Annual Review of Financial Analysis
562.100 Exclusion for Public Aid Recipients (Repealed)
Table A Determination Table for Client Participation

AUTHORITY: Implementing and authorized by Sections 3(a),(b), and (k) of "AN ACT in relation to rehabilitation of persons with one or more disabilities" (Ill. Rev. Stat. 1989, Ch. 23, pars. 3434(a),(b), and (k)).

SOURCE: Adopted at 9 Ill. Reg. 8763, effective June 10, 1985; amended at 11 Ill. Reg. 4021, effective February 18, 1987; amended at 11 Ill. Reg. 15223, effective August 31, 1987; amended at 11 Ill. Reg. 19127, effective November 9, 1987; amended at 12 Ill. Reg. 20827, effective November 30, 1988; amended at 13 Ill. Reg. 2866, effective February 21, 1989; amended at 14 Ill. Reg. 1466, effective January 8, 1990; amended at 14 Ill. Reg. 18555, effective November 5, 1990, amended at ___ Ill. Reg. _____, effective _____.

Section 562.30 Financial Participation

- a) If the economic needs test has not been presumptively met, a financial analysis to evaluate the financial ability of the client, or client's family, to share in the purchase of vocational rehabilitation services shall be applied to all Department of Rehabilitation Services (DORS) services (as contained in 89 Ill. Adm. Code: Chapter IV, Subchapter b, "Vocational Rehabilitation" (VR)) except the following:

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 1) evaluation of rehabilitation potential, (although VR services other than diagnostic services provided during extended evaluation require application of the financial analysis),
- 2) counseling, guidance, referral and placement (89 Ill. Adm. Code 612),
- 3) interpreter, reader, attendant, and notetaker services,
- 4) fees for work adjustment and skill training (89 Ill. Adm. Code 530.130(C)), including the work/study component of the nine month hearing impaired pre-vocational program at Northern Illinois University,
- 5) fees for on-the-job training (OJT),
- 6) services provided through the supported employment program (89 Ill. Adm. Code 530.130(a)(2)(B))(e.g., job coaching), and
- 7) "maintenance" (89 Ill. Adm. Code 602) and "other services" (89 Ill. Adm. Code 607) which are in support of an exempt service specified in subsections (a)(1) through (3) above.
- b) When the financial analysis indicates that the client or spouse, or parents or guardians of minor children are able to financially participate in the client's program, their participation is required.
- c) The financial analysis is based upon net available income, which is the client's and/or family unit's total income, minus total outgo.
- 1) Total income equals earned and unearned income plus any increases or decreases expected by the client for the twelve (12) months following completion of the Financial Analysis form (IL488-0265).
- 2) Total outgo equals the Standard Budget Allowance plus unusual allowable expenses which the client expects to pay within the twelve (12) months following the completion of the Financial Analysis form.

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 3) Net available income determines the dollar amount of client participation. (See Table A.)
- 4) The client is not required to sell property, take out a mortgage or liquidate insurance policies, stocks/bonds, or C.D.'s; however, earnings from such investments are considered as available unearned income for completion of the financial analysis.
- 5) The client is not required to use private monetary merit awards (e.g. scholarships), contributions and gifts which are unrestricted as to use.

d) For the purposes of completing the Financial Analysis form, determining if economic need exists, and determining the amount of client participation, the following definitions/terms are applicable:

- 1) The "Family Unit" refers to the client or spouse or parents or legal guardians of minor children, or other family members residing in the household who are designated as dependents on the client's, spouse's, or guardian's latest federal income tax return.
- 2) "Income" utilizes the definition of gross adjusted income as used by the U.S. Internal Revenue Service (26 CFR 1.62-1(a), (1986)) and as documented by the client's (or client's family's) most recent federal income tax return. The rule incorporated by reference does not include any later amendments or revisions.
- 3) The "Standard Budget Allowance" (SBA) is the figure established by DORS to be a reasonable amount to cover all necessary expenses for a family unit of a specific size to maintain a modest standard of living.
- 4) "Unusual Allowable Expenses" are:
 - A) medical expenses (e.g., medical equipment, prescriptions) related to the disability of the client or the disability of other members of the family unit based on information provided by the client, and

DEPARTMENT OF REHABILITATION SERVICES

NOTICE OF PROPOSED AMENDMENTS

- B) which have not been deducted from the client's most recent federal income tax return or paid by any other source,
- C) post-secondary education expenses of other members of the family unit,
- C) expenses related to the purchase of a van, as set forth in 89 Ill. Adm. Code 597.200(b), or
- D) modifications (not to exceed \$2,000 per year) to a home if necessary (as determined when the counselor and client develop the Individualized Written Rehabilitation Program (IWRP) at 89 Ill. Adm. Code 572) due to client's disability.

e) Standard Budget Allowance

- 1) The Standard Budget Allowance is as follows:

| NUMBER OF DEDUCTIONS CLAIMED ON TAX RETURN | \$ AMOUNT OF ALLOWANCE |
|--|------------------------|
| 1 | \$11,618 |
| 2 | \$15,577 |
| 3 | \$19,536 |
| 4 | \$23,495 |
| 5 | \$27,454 |
| 6 | \$31,413 |
| 7 | \$35,372 |
| 8 | \$39,331 |

- 2) Add \$3,959 for each additional family member beyond eight members.
- 3) The SBA amount for a family of one is not applicable to a training case (89 Ill. Adm. Code 592); instead, determine the client's planned subsistence costs during a training program and use these as the budget basis.

(Source: Amended at 14 Ill. Reg. _____, effective

COMMISSIONER OF BANKS AND TRUST COMPANIES

NOTICE OF ADOPTED RULES

- 14) Are there any amendments pending on this Part? No.
- 15) Summary and Purpose of Rules: This Part establishes the manner of assessing fees to fund the Corporate Fiduciary Receivership Account.
- 16) Information and questions regarding this adopted rule shall be directed to:

Name: William L. Conaghan or Maria A. O'Donnell
Commissioner of Banks and Trust Companies
Address: 310 South Michigan Avenue, Suite 2130
Chicago, Illinois 60604
Telephone: (312) 793-2043

The full text of the Adopted Rule begins on the next page:

COMMISSIONER OF BANKS AND TRUST COMPANIES

NOTICE OF ADOPTED RULES

- 1) The Heading of the Part: Corporate Fiduciary Receivership Account
- 2) Code Citation: 38 Ill. Adm. Code 397
- 3) Section Numbers:

| | |
|--------|-----------------|
| 397.10 | Adopted Action: |
| 397.20 | New Section |
| 397.30 | New Section |
| 397.40 | New Section |
| 397.50 | New Section |
- 4) Statutory Authority: Implementing and authorized by Section 5-10 of the Corporate Fiduciary Act (Ill. Rev. Stat. 1989, ch. 17, par. 1555-10).
- 5) Effective date of Rule: January 11, 1991.

- 6) Does this rulemaking contain an automatic repeal date?
Yes ☒ No ☐
- 7) Does this rule contain incorporations by reference? No.
- 8) Date filed in Agency's principal office: December 21, 1990.
- 9) Notice of Proposal Published in Illinois Register:
September 21, 1990, 14 Ill. Reg. 15181.
- 10) Has JCAR issued a Statement of Objections to this Rule? No.
- 11) Differences between proposal and final version:
There are no differences between the proposal and the final version.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR?
No agreements between the Commissioner of Banks and Trust Companies and Joint Committee were necessary to resolve Joint Committee questions concerning this Part.
- 13) Will this rule replace an emergency rule currently in effect? No.

COMMISSIONER OF BANKS AND TRUST COMPANIES

NOTICE OF ADOPTED RULES

TITLE 38: FINANCIAL INSTITUTIONS
CHAPTER II: COMMISSIONER OF BANKS AND TRUST COMPANIES

PART 397

CORPORATE FIDUCIARY RECEIVERSHIP ACCOUNT

Section

397.10 Purpose

397.20 Definitions

397.30 Quarterly Fee to Fund the Account

397.40 Restoring the Account

397.50 Fee Assessment When the Balance in the Account is

Between \$306,250 and \$350,000

AUTHORITY: Implementing and authorized by Section 5-10 of the Corporate Fiduciary Act (Ill. Rev. Stat. 1989, ch. 17, par. 1555-10).

SOURCE: Adopted at 15 Ill. Reg. 167, effective January 11, 1991.

Section 397.10 Purpose

The purpose of this Part is to establish the manner of assessing fees to fund the Corporate Fiduciary Receivership Account in the amount of \$350,000 over a two year period and to replenish the account following any disbursement.

Section 397.20 Definitions

"A" means the total number of corporate fiduciaries.

"Account" means the Corporate Fiduciary Receivership Account.

"B" means the number of examiner days expended in the most recent examination of the Illinois Trust Company that was completed prior to the end of the calendar quarter preceding the quarter for which the fee is being assessed.

"Balance" means the amount in the account, adjusted for any accounts receivable and any accounts payable, as of the last day of the calendar quarter preceding the quarter for which a fee may be assessed.

COMMISSIONER OF BANKS AND TRUST COMPANIES

NOTICE OF ADOPTED RULES

"C" means the total number of examiner days expended in the most recent examinations of all Illinois Trust Companies, calculated as of the last day of the calendar quarter preceding the quarter for which the fee is being assessed.

"Corporate Fiduciary" shall have the meaning ascribed to it in Section 1-5.05 of the Corporate Fiduciary Act (Ill. Rev. Stat. 1989, ch. 17, par. 1551-5.05).

"D" means the amount necessary to raise the balance in the Account to \$350,000.

"Illinois Trust Company" means a corporation incorporated in this State which has been given a certificate of authority to accept and execute trusts by the Commissioner of Banks and Trust Companies.

Section 397.30 Quarterly Fee to Fund the Account

a) Each corporate fiduciary will be assessed a quarterly fee of \$37.50 until the balance of the account is \$350,000.

b) Each Illinois trust company will be assessed an additional quarterly fee until the balance of the account is \$350,000. The additional quarterly fee will be based on the following formula:
Additional quarterly fee to be paid by each Illinois trust company = $(350,000 - 300A) \times \frac{B}{C}$

Section 397.40 Restoring the Account

If a receivership of a corporate fiduciary requires expenditures from the Account, assessments under Section 397.30 will be reinstituted until the balance in the Account is restored to \$350,000.

Section 397.50 Fee Assessment When the Balance in the Account is Between \$306,250 and \$350,000

a) Notwithstanding any other Section of this Part, if the balance of the Account is between \$306,250 and \$350,000 a fee will be assessed on all corporate fiduciaries on the basis of the following formula:
Fee to be paid by each corporate fiduciary = $\frac{300D}{350,000}$

COMMISSIONER OF BANKS AND TRUST COMPANIES

NOTICE OF ADOPTED RULES

- b) Notwithstanding any other Section of this Part, if the balance of the Account is between \$306,250 and \$350,000 each Illinois trust company will be assessed an additional fee. The additional fee will be determined on the basis of the following formula:
 Additional fee to be paid by each Illinois trust company = $\frac{(350,000 - 300A) \times B}{C}$
 350,000

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT(S)

- 1) Heading of the Part: Determination Of Unemployment Contributions
- 2) Code Citation: 56 Ill. Adm. Code 2770
- 3) Section Number: Adopted Action:
2770.110 Amended Section
- 4) Statutory Authority: Ill. Rev. Stat. 1989, ch. 48, pars. 570, 571, 573, 576.1, 576.2, 576.3, 578.1, 610 and 611.
- 5) Effective Date of the Amendment: December 28, 1990.
- 6) Does this rulemaking contain an automatic repeal date? No.
- 7) Does this Rule contain an incorporation by reference? No.
- 8) Date filed in Agency's Principal Office: December 28, 1990.
- 9) Notice of Proposal published in Illinois Register: September 28, 1990 at 14 Ill. Reg. 15659.
- 10) Has JCAR issued a Statement of Objection to these Rules? No.
- 11) Difference between proposal and final version: None.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes.
- 13) Will this replace an emergency rule currently in effect? No.
- 14) Are there any amendments pending on this Part? No.
- 15) Summary and purpose of the rules: The proposed amendment to Part 2770 announces the 1991 contribution rates for newly liable employers by classification within their Standard Industrial Code. In keeping with our commitment to the Joint Committee on Administrative Rules, we are also repealing the rates for 1985 as they are no longer needed.
- 16) Information and Questions regarding these Adopted Amendments may be addressed to:

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT(S)

Stella Adams Cuthbert, Commissioner
Illinois Department of Employment Security
401 South State Street - 2 South
Chicago, Illinois 60605
312/793-4240

The full Text of the Adopted Amendments begins on the next page:

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT(S)

TITLE 56: LABOR AND EMPLOYMENT
CHAPTER IV: DEPARTMENT OF EMPLOYMENT SECURITY
SUBCHAPTER c: RIGHTS AND DUTIES OF EMPLOYERS

PART 2770

DETERMINATION OF UNEMPLOYMENT CONTRIBUTIONS

SUBPART B: STANDARD INDUSTRIAL CLASSIFICATION

Section

2770.100
2770.105
2770.110

Industrial Classification
Contribution Rate For Non Experience-Rated Employers
Average Contribution Rates By Standard Industrial Classification (SIC) Codes

SUBPART C: ALTERNATIVE BENEFIT WAGE RATIO (Repealed)

2770.150
2770.155
2770.160
2770.165
2770.170

Eligibility To Elect The Alternative Benefit Wage Ratio (Repealed)
Approval Of Election Of The Alternative Benefit Wage Ratio (Repealed)
Adjustment Of The Benefit Wage Charges And The Determination Of The Alternative Benefit Wage Ratio (Repealed)
Revocation Of Election Of Alternative Benefit Wage Ratio (Repealed)
Appeals (Repealed)

SUBPART E: TRANSFER OF BENEFIT WAGES FROM BASE PERIOD TO SUBSEQUENT EMPLOYER

2770.400
2770.405
2770.410
2770.415
2770.420

Definitions
Application Of Base Period Wages
Restriction On Benefit Wage Transfers
Benefit Wage Transfer Procedural Requirements
Petition For Hearing

SUBPART F: BENEFIT WAGE CANCELLATIONS

2770.501

Effective Date Of Benefit Wage Cancellations Pursuant To Section 1508.1 Of The Act

2770.Table A General SIC Classification

AUTHORITY: Implementing and authorized by Sections 1500, 1501, 1503, 1506.1, 1506.2, 1506.3, 1508.1, 1700 and 1701 of the Unemployment Insurance Act (Ill. Rev. Stat. 1989, ch. 48, pars. 570, 571, 573, 576.1, 576.2, 576.3, 578.1, 610 and 611).

NOTICE OF ADOPTED AMENDMENT(S)

SOURCE: Emergency rules adopted as 56 Ill. Adm. Code 600: Subpart C at 8 Ill. Reg. 550, effective January 1, 1984, for a maximum of 150 days; adopted at 8 Ill. Reg. 8208, effective May 30, 1984; recodified from 56 Ill. Adm. Code 600: Subpart C at 8 Ill. Reg. 15030; emergency amendments at 8 Ill. Reg. 15088, effective August 8, 1984, for a maximum of 150 days; emergency amendments at 8 Ill. Reg. 22139, effective October 26, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 24117, effective November 30, 1984; amended at 9 Ill. Reg. 4507, effective March 25, 1985; amended at 10 Ill. Reg. 6935, effective April 14, 1986; amended at 10 Ill. Reg. 21683, effective December 15, 1986; amended at 11 Ill. Reg. 9878, effective May 11, 1987; emergency amendments at 12 Ill. Reg. 210, effective January 1, 1988, for a maximum of 150 days, expired May 30, 1988; amended at 12 Ill. Reg. 11213, effective June 20, 1988; amended at 12 Ill. Reg. 12473, effective July 15, 1988; amended at 12 Ill. Reg. 18143, effective October 27, 1988; amended at 12 Ill. Reg. 20477, effective November 28, 1988; amended at 13 Ill. Reg. 11507, effective June 29, 1989; amended at 14 Ill. Reg. 2038, effective January 19, 1990; amended at 14 Ill. Reg. 18280, effective October 30, 1990; amended at 15 Ill. Reg. 172, effective December 28, 1990

SUBPART B: STANDARD INDUSTRIAL CLASSIFICATION

Section 2770.110 Average Contribution Rates By Standard Industrial Classification (SIC) Codes

- a) The average contribution rate for each Economic Division, excluding the applicable emergency rate, for calendar year 1985, as determined by the application of Section 2770.105(a)(3), shall be:

| Digits | Economic Division | Rate |
|--------|--|------|
| 01-09 | A. Agriculture, Forestry, Fishing | 3-3% |
| 10-14 | B. Mining | 3-5% |
| 15-17 | C. Construction | 4-8% |
| 20-39 | D. Manufacturing | 4-0% |
| 40-49 | E. Transportation, Communication, Electric, Gas, Sanitary Services | 3-6% |
| 50-51 | F. Wholesale Trade | 2-8% |
| 52-59 | G. Retail Trade | 2-9% |
| 60-67 | H. Finance, Insurance, Real Estate | 1-8% |

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT(S)

| | | |
|-------|-----------------------------------|------|
| 70-89 | I. Services | 2-2% |
| 91-97 | J. Public Administration | 2-8% |
| 99 | K. Nonclassifiable Establishments | 2-7% |

- b) The average contribution rate for each Economic Division, excluding the applicable emergency rate, for calendar year 1986, as determined by the application of Section 2770.105(a)(3), shall be:

| Digits | Economic Division | Rate |
|--------|--|------|
| 01-09 | A. Agriculture, Forestry, Fishing | 3.3% |
| 10-14 | B. Mining | 3.7% |
| 15-17 | C. Construction | 4.6% |
| 20-39 | D. Manufacturing | 3.6% |
| 40-49 | E. Transportation, Communication, Electric, Gas, Sanitary Services | 3.4% |
| 50-51 | F. Wholesale Trade | 2.6% |
| 52-59 | G. Retail Trade | 2.8% |
| 60-67 | H. Finance, Insurance, Real Estate | 1.7% |
| 70-89 | I. Services | 2.1% |
| 91-97 | J. Public Administration | 2.5% |
| 99 | K. Nonclassifiable Establishments | 2.2% |

- eb) The average contribution rate for each Economic Division, excluding the applicable emergency rate, for calendar year 1987, as determined by the application of Section 2770.105(b)(3), shall be:

| Digits | Economic Division | Rate |
|--------|--|------|
| 01-09 | A. Agriculture, Forestry, Fishing | 3.3% |
| 10-14 | B. Mining | 3.9% |
| 15-17 | C. Construction | 4.4% |
| 20-39 | D. Manufacturing | 3.3% |
| 40-49 | E. Transportation, Communication, Electric, Gas, Sanitary Services | 3.2% |
| 50-51 | F. Wholesale Trade | 2.5% |
| 52-59 | G. Retail Trade | 2.6% |
| 60-67 | H. Finance, Insurance, Real Estate | 1.6% |

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| | | |
|-------|-----------------------------------|------|
| 70-89 | Estate | 2.0% |
| 91-97 | I. Services | 2.3% |
| 99 | J. Public Administration | 2.0% |
| | K. Nonclassifiable Establishments | |

dC)

The average contribution rate for each Economic Division, excluding the fund building rate as set forth in Section 1506.3 of the Act, for calendar year 1988, as determined by the application of Section 2770.105(c)(3) of this Part shall be:

| Digits | Economic Division | Rate |
|--------|--|------|
| 01-09 | A. Agriculture, Forestry, Fishing | 3.4% |
| 10-14 | B. Mining | 4.6% |
| 15-17 | C. Construction | 4.5% |
| 20-39 | D. Manufacturing | 3.2% |
| 40-49 | E. Transportation, Communication, Electric, Gas, Sanitary Services | 3.2% |
| 50-51 | F. Wholesale Trade | 2.4% |
| 52-59 | G. Retail Trade | 2.5% |
| 60-67 | H. Finance, Insurance, Real Estate | 1.5% |
| 70-89 | I. Services | 1.9% |
| 91-97 | J. Public Administration | 2.1% |
| 99 | K. Nonclassifiable Establishments | 2.1% |

ed)

The average contribution rate for each Economic Division, excluding the fund building rate as set forth in Section 1506.3 of the Act, for calendar year 1989, as determined by the application of Section 2770.105(d)(4) of this Part, shall be:

| Digits | Economic Division | Rate |
|--------|--|------|
| 01-09 | A. Agriculture, Forestry, Fishing | 3.4% |
| 10-14 | B. Mining | 4.8% |
| 15-17 | C. Construction | 4.2% |
| 20-39 | D. Manufacturing | 2.9% |
| 40-49 | E. Transportation, Communication, Electric, Gas, Sanitary Services | 3.0% |

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| | | |
|-------|------------------------------------|------|
| 50-51 | F. Wholesale Trade | 2.2% |
| 52-59 | G. Retail Trade | 2.3% |
| 60-67 | H. Finance, Insurance, Real Estate | 1.4% |
| 70-89 | I. Services | 1.7% |
| 91-97 | J. Public Administration | 2.5% |
| 99 | K. Nonclassifiable Establishments | 1.9% |

fe)

The average contribution rate for each Economic Division, excluding the fund building rate as set forth in Section 1506.3 of the Act, for calendar year 1990, as determined by the application of Section 2770.105(d)(4) of this Part, shall be:

| Digits | Economic Division | Rate |
|--------|--|------|
| 01-09 | A. Agriculture, Forestry, Fishing | 3.3% |
| 10-14 | B. Mining | 4.7% |
| 15-17 | C. Construction | 4.1% |
| 20-39 | D. Manufacturing | 2.7% |
| 40-49 | E. Transportation, Communication, Electric, Gas, Sanitary Services | 2.8% |
| 50-51 | F. Wholesale Trade | 2.0% |
| 52-59 | G. Retail Trade | 2.1% |
| 60-67 | H. Finance, Insurance, Real Estate | 1.4% |
| 70-89 | I. Services | 1.6% |
| 91-97 | J. Public Administration | 2.3% |
| 99 | K. Nonclassifiable Establishments | 2.2% |

f)

The average contribution rate for each Economic Division, excluding the fund building rate as set forth in Section 1506.3 of the Act, for calendar year 1991, as determined by the application of Section 2770.105(d)(4) of this Part, shall be:

| Digits | Economic Division | Rate |
|--------|-----------------------------------|------|
| 01-09 | A. Agriculture, Forestry, Fishing | 3.1% |
| 10-14 | B. Mining | 4.3% |
| 15-17 | C. Construction | 3.7% |
| 20-39 | D. Manufacturing | 2.2% |

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Notification Act (P.L. 100-379) would constitute payments in lieu of notice, it appears that the addition of an example might make this application clearer to all involved.

- 16) Information and Questions regarding these Adopted Amendments may be addressed to:

Stella Adams Cuthbert, Commissioner
Illinois Department of Employment Security
401 South State Street - 2 South
Chicago, Illinois 60605
312/793-4240

The full Text of the Adopted Amendment begins on the next page:

NOTICE OF ADOPTED AMENDMENT(S)

TITLE 56: LABOR AND EMPLOYMENT
CHAPTER IV: DEPARTMENT OF EMPLOYMENT SECURITY
SUBCHAPTER 9: INELIGIBILITY FOR BENEFITS

PART 2920
DISQUALIFYING INCOME AND REDUCED BENEFITS

SUBPART A: GENERAL PROVISIONS

Section
2920.1
2920.5

Definitions
Ineligibility To Receive Benefits Due To Performing Full-Time Work Or Due To The Receipt Of Various Income Whose Sum Is Equal To Or Greater Than The Individual's Weekly Benefit Amount
Reduction In Benefits Due To Receipt Of Vacation Pay, Holiday Pay, Retirement Pay, And Workers' Compensation Whose Sum Is Less Than The Individual's Weekly Benefit Amount

2920.10

Reduction In Benefits Due To Receipt Of Wages For Less Than Full-Time Work
Reduced Benefits: Payment Of Dependents' Allowance Or Spouse's Allowance
Payments Made During Shutdown For Inventory Or Vacation Purposes

2920.15

Payments Made In Connection With Separation Or Layoff As, Or In The Nature Of Vacation Pay, Vacation Pay Allowance Or As Pay In Lieu Of Vacation

2920.20

Holiday Pay
Payments In Lieu Of Notice Of Separation Or Layoff Severance Pay
Back Pay Awards

2920.25

Receipt Of Or Filing For Unemployment Insurance Benefits Under The Laws Of Another State, Canada, Or The United States

2920.30

Supplemental Unemployment Benefits (SUB Pay)
Retirement Pay
Payments By A Labor Union

2920.35

Retirement Pay Considered Disqualifying Income
Allocation Of Retirement Pay
Miscellaneous Forms Of Retirement Pay

2920.40

2920.45

2920.50

2920.55

2920.60

2920.65

2920.68

2920.70

2920.75

2920.80

2920.85

Conformity With Federal Unemployment Tax Act

AUTHORITY: Implementing and authorized by Sections 234, 235, 239, 245, 401, 402, 600, 605, 606, 610, 611, 1700 and 1701 of the Unemployment Insurance Act (Ill. Rev. Stat. 1989, ch. 48, pars. 344, 345, 349, 370, 401, 402, 430, 435, 436, 440, 441, 610 and 611.

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SOURCE: Adopted at 11 Ill. Reg. 1853, effective January 7, 1987; amended at 12 Ill. Reg. 16066, effective September 23, 1988; amended at 13 Ill. Reg. 1773, effective January 27, 1989; amended at 13 Ill. Reg. 5936, effective April 18, 1989; emergency amendments at 13 Ill. Reg. 11899, effective July 1, 1989, for a maximum of 150 days; emergency amendments to 56 Ill. Adm. Code 2920.5 and 2920.75, expired November 28, 1989; amended at 13 Ill. Reg. 17402, effective October 30, 1989; amended at 15 Ill. Reg. 180, effective December 28, 1990.

SUBPART A: GENERAL PROVISIONS

Section 2920.40 Payments In Lieu Of Notice Of Separation Or Layoff

- a) Amounts paid or payable by an employee employing unit to an individual in lieu of notice of separation or layoff shall be treated as wages with respect to the period of notice. If the amounts exceed the individual's weekly benefit amount, such individual shall be ineligible to receive benefits with respect to such period provided that the following conditions are ~~fulfilled~~:
- 1) There must be an employment agreement, a statutory requirement or an uniformly applied company policy which requires that the employee employing unit give the employee a definite period of notice before a layoff or separation;

Example: Pursuant to the federal Worker Adjustment and Retraining Notification Act [P.L. 100-379], certain employers are required, under specified conditions, to provide at least 60 days notice of a mass layoff or plant closing. If an employer fails to provide the required notice, it may be required to compensate its employees for the number of days for which such notice was not given. Such compensation constitutes payments in lieu of notice of separation or layoff, thus rendering the workers ineligible during the period with respect to which the required notice was not given. The payment of such compensation does not relieve the employer of its responsibilities or from potential liability under the federal Worker Adjustment and Retraining Notification Act.

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- 2) the employee must be laid off or separated without the required notice; and,
 - 3) The employee employing unit must pay the employee a sum equal to his regular wages, or an amount computed in accordance with a formula which is based on the employee's past earnings, for the required period of the notice.
- b) Amounts paid or payable by an employee employing unit to an individual in lieu of notice of separation or layoff which do not satisfy the conditions set forth in subsection (a) shall be treated as severance pay described in Section 2920.45 unless these payments qualify as vacation pay in connection with a layoff or separation, as provided in Section 2920.30.

(Source: Amended at 15 Ill. Reg. 180, effective December 28, 1990)

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- 1) Heading of the Part: Payment Of Unemployment Contributions, Interest And Penalties
- 2) Code Citation: 56 Ill. Adm. Code 2765
- 3) Section Number: Adopted Action:
2765.325 Amended Section
- 4) Statutory Authority: Ill. Rev. Stat. 1989, ch. 48, pars. 322, 382, 420, 431, 432, 433, 442, 451, 550, 551, 552, 553, 554, 555, 572.1, 573, 577, 578, 579, 610, 611 and 750.
- 5) Effective Date of the Amendment: December 28, 1990.
- 6) Does this rulemaking contain an automatic repeal date? No.
- 7) Does this Rule contain an incorporation by reference? No.
- 8) Date filed in Agency's Principal Office: December 28, 1990.
- 9) Notice of Proposal published in Illinois Register:
August 31, 1990 at 14 Ill. Reg. 13910.
- 10) Has JCARE issued a Statement of Objection to these Rules? No.
- 11) Difference between proposal and final version: In Section 2765.325(c), "d" is changed to "4"; at the end of Section 2765(c)(4) "be" is inserted between "to" and "the" and a closing parenthesis is added following "Act" at the end of Section 2765.325(a)(5).
- 12) Have all the changes agreed upon by the Agency and JCARE been made as indicated in the agreement letter issued by JCARE?
Yes.
- 13) Will this replace an emergency rule currently in effect? No.
- 14) Are there any amendments pending on this Part? No.
- 15) Summary and purpose of the rules: This amendment makes clear that whether the last employing unit for whom a claimant provides service is an employer under the Act for charging purposes is determined as of the effective date of the claim.
- 16) Information and Questions regarding these Adopted Amendments may be addressed to:

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT(S)

Stella Adams Cuthbert, Commissioner
Illinois Department of Employment Security
401 South State Street - 2 South
Chicago, Illinois 60605
312/793-4240

The full Text of the Adopted Amendments begins on the next page:

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NOTICE OF ADOPTED AMENDMENT(S)

TITLE 56: LABOR AND EMPLOYMENT
CHAPTER IV: DEPARTMENT OF EMPLOYMENT SECURITY
SUBCHAPTER C: RIGHTS AND DUTIES OF EMPLOYERS

PART 2765

PAYMENT OF UNEMPLOYMENT CONTRIBUTIONS, INTEREST AND PENALTIES

SUBPART A: GENERAL PROVISIONS

| | |
|---------|---|
| Section | |
| 2765.1 | Unemployment Contributions Not Deductible From Wages |
| 2765.5 | Definitions |
| 2765.10 | Payment Of Contributions |
| 2765.15 | Liability For The Entire Year |
| 2765.18 | Liability Of A Third Party Purchaser Or Transferee For The Due And Unpaid Contributions, Interest And Penalties Of The Seller Or Transferor's Seller or Transferor Contributions Of Employers By Election |
| 2765.20 | Payments In Lieu Of Contributions |
| 2765.25 | When Payments In Lieu Of Contributions Payable |
| 2765.30 | Payments When Reimbursable Employer Becomes Contributory |
| 2765.35 | Payments When Contributory Employer Becomes Reimbursable |
| 2765.40 | Application Of Payment |
| 2765.45 | Accrual Of Interest |
| 2765.50 | Imposition Of Penalty |
| 2765.55 | Payment Or Filing By Mail |
| 2765.60 | When Payment Due And Consequences Of Upward Revision In Employer's Contribution Rate |
| 2765.63 | Waiver Of Interest Or Penalty |
| 2765.65 | Waiver Of Interest Accruing Because Of Certain Types Of Employees For Periods Prior To January 1, 1988 |
| 2765.66 | Waiver Of Penalty For Certain Employers For 1987 And Thereafter Wage Reports (UC-3/40) |
| 2765.68 | Time For Paying Or Filing Delayed Payment Or Report |
| 2765.70 | Application For Waiver |
| 2765.75 | Approval Of Application For Waiver |
| 2765.80 | Insufficient Or Incomplete Application |
| 2765.85 | Disapproval Of Application Conclusive |
| 2765.90 | Appeal And Hearing |
| 2765.95 | |

SUBPART B: EXPERIENCE RATING

| | |
|----------|---|
| 2765.200 | Effect Of A Successor Employing Unit's Failure To Notify The Director Of Its Succession |
| 2765.210 | Prohibition On Withdrawal Of Joint Application For Partial Transfer Of Experience Rating Record |

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SUBPART C: BENEFIT CHARGES

| | |
|----------|--|
| 2765.325 | Application Of "30 Day" Requirement For Determining The Chargeable Employer Pursuant To Section 1502.1 Of The Act |
| 2765.326 | Requirement For A Separation Or A Reduction In The Work Offered In Determining The Chargeable Employer Pursuant To Section 1502.1 Of The Act |
| 2765.332 | Effect Of Ineligibility Under Section 602(B) On Chargeability Under Section 1502.1 Of The Act |
| 2765.333 | Effect Of Ineligibility Under Section 612 On Chargeability Under Section 1502.1 Of The Act |
| 2765.334 | Effect Of Ineligibility Under Section 614 On Chargeability Under Section 1502.1 Of The Act |
| 2765.335 | Procedural Requirements And Right Of Appeal |

AUTHORITY: Implementing and authorized by Sections 212, 302, 500, 601, 602, 603, 612, 701, 1400, 1401, 1402, 1403, 1404, 1405, 1502.1, 1503, 1507, 1508, 1509, 1700, 1701 and 2600 of the Unemployment Insurance Act (Ill. Rev. Stat. 1989, ch. 48, pars. 322, 382, 420, 431, 432, 433, 442, 451, 550, 551, 552, 553, 554, 555, 572.1, 573, 577, 578, 579, 610, 611 and 750).

SOURCE: Adopted at 6 Ill. Reg. 3863, effective March 31, 1982; amended at 7 Ill. Reg. 13266, effective September 28, 1983; recodified at 8 Ill. Reg. 15027; amended at 11 Ill. Reg. 3972, effective February 23, 1987; amended at 11 Ill. Reg. 11743, effective June 26, 1987; amended at 11 Ill. Reg. 12882, effective July 22, 1987; emergency amendments at 12 Ill. Reg. 225, effective January 1, 1988, for a maximum of 150 days, expired May 30, 1988; amended at 12 Ill. Reg. 11740, effective July 5, 1988; amended at 12 Ill. Reg. 17342, effective October 12, 1988; emergency amendments at 13 Ill. Reg. 17342, effective November 28, 1988; emergency amendments at 13 Ill. Reg. 11911, effective July 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 17410, effective October 30, 1989; amended at 14 Ill. Reg. 6218, effective April 16, 1990; amended at 15 Ill. Reg. 185, effective December 28, 1999

SUBPART C: BENEFIT CHARGES

| | |
|------------------|---|
| Section 2765.325 | Application Of "30 Day" Requirement For Determining The Chargeable Employer Pursuant To Section 1502.1 Of The Act |
| a) | Except as provided in the other subsections of this Section and in Sections 2765.326, 2765.332, 2765.333 and |

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2765.334, the last employer prior to the beginning of the individual's benefit year (which is defined at Section 242 of the Act) for whom the individual provided services during at least 30 days beginning with the first day of the individual's base period (which is defined at Section 237 of the Act) but prior to the beginning of his benefit year shall be liable for the benefit charges or payments in lieu of contributions, as the case may be, which result from any benefits paid to that individual.

1) Example: Immediately prior to filing his claim for unemployment benefits, the individual provides services to Company A, a liable, contributing employer, for 20 days. Prior to this period, he provides services to Company B, a liable, contributing employer, for 30 days. Prior to working for Company B and throughout his base period, the individual has provided at least 10 days of service to Company A. In this example, Company A will be the chargeable employer and will be liable for any benefit charges which might accrue as a result of any benefits paid to this individual. This is because the individual's last employer prior to the beginning of his benefit year is Company A and he provided services to Company A during at least 30 days during the period from the beginning of the individual's base period to the beginning of his benefit year. Pursuant to Section 1502.1 of the Act, it is not necessary for the 30 days of services by the individual to be consecutive.

2) Example: Prior to the beginning of his benefit year, the individual provides services only to Company A, a liable, contributing employer, for over ten years. Company A will be this individual's chargeable employer with respect to this individual's entire benefit year because Company A is the individual's last employer of at least 30 days prior to the beginning of his benefit year. If, after claiming benefits for a few weeks, this individual is employed by Company B, a liable, contributing employer, for six months, is laid off by Company B and files an additional claim, Company A will still be the chargeable employer of this individual with respect to any benefit charges which might accrue with respect to the additional claim. Company A remains liable for the benefit

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charges which accrue during the entire benefit year regardless of the number of times that the individual is laid off and becomes reemployed.

3) Example: Prior to the beginning of his benefit year, the individual is employed on an as-needed basis (some weeks the individual might work four days, other weeks he might not work at all) for Company A, a liable, contributing employer. While so employed by Company A, the individual is also employed on a full time basis for Company B, a liable, contributing employer. The individual is laid off by Company B and is offered two days of work by Company A. After working for these two days, no other work is currently available with Company A, and the individual files a claim for benefits. If the individual had been employed by Company A for at least 30 days from the beginning of his base period to the beginning of his benefit year, Company A will be liable for any benefit charges which might accrue as a result of any benefits which might be paid to this individual. This is because, despite the individual's full time employment with Company B, the individual's last employer for whom he provided services of at least 30 days during the applicable period was Company A, and it was his separation from Company A that caused the individual to become "unemployed."

4) Example: Assume the same facts as in subsection (a)(3), except that, instead of being an as-needed employee, the individual continues to provide less than full time services to Company A and earns less than his weekly benefit amount. In that case, Section 2765.326 shall apply, and Company B will be the chargeable employer because it caused this individual to become unemployed as defined in Section 239 of the Act.

5) Example: The individual is a substitute teacher. Whenever she is available to teach, she calls in for assignments with her school district, a local governmental entity which has elected to make payments in lieu of contributions. During the first semester of the school year, she teaches only 32 days. She, however, did not work for the school district during her base period. If she now files

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a claim for benefits, her school district will be liable for 50% of any payments in lieu of contributions which would result if she would be paid benefits. This is because, despite her services being performed over a five month period, the school district is the last employer prior to the beginning of her benefit year and she has provided the required 30 days of services during the applicable period. The employer is only liable for 50% of the amount of the benefits paid because the individual performed no services for this employer during her base period (see Section 1405(B) of the Act).

- 6) Example: The individual is employed for 25 days during his base period for City A, a local governmental entity which has elected to make payments in lieu of contributions. He then works for Company B, a liable, contributing employer for approximately ten months. After being laid off by Company B, he is again employed by City A which then lays him off after five days. City A will be liable for payments in lieu of contributions equal to 100% of the benefits paid to this individual. This is because City A is the individual's last employer prior to the beginning of his benefit year, and this individual was employed for at least 30 days beginning with the start of his base period and prior to the beginning of his benefit year. City A is liable for 100% of the benefits paid because, in addition to being the chargeable employer as provided in this subsection, the individual also provided services for this employer during his base period. If this employer had met the requirements to be the chargeable employer but this individual had not provided services to this employer during his base period, then this employer would have been liable for only 50% of the payments in lieu of contributions made to this individual as in subsection (a)(5).

- 7) Example: The individual is employed by several different employers from the beginning of his base period until he first files a claim for benefits. However, he does not provide services for at least 30 days to any single employer during this period. Therefore, there is no

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chargeable employer, and no employer will be liable for either the benefit charges or payments in lieu of contributions as a result of payments made to this individual during this claim for benefits.

- 8) Example: An individual is employed during his entire base period for Company A, a liable, contributing employer. After being laid off by Company A, he works for at least 30 days for the State of Illinois, which makes payments in lieu of contributions pursuant to Section 1403 of the Act. If this individual files a claim for benefits, the State of Illinois will be liable for an amount equal to 50% of the benefits paid to this individual since the State of Illinois is the chargeable employer but not a base period employer.

- b) The 30 day requirement, set forth in subsection (a), shall include any day on which any services are actually performed for the employer by the individual prior to the date of separation. For the purposes of this Section, even if a shift covers two calendar days, only one day shall be included in determining whether the 30 day requirement has been met. Paid sick days, vacation days, holidays or other similar paid, non-working days shall not be counted toward meeting the 30 day requirement. Payments for wages in lieu of notice, pension or other retirement type payments or for severance pay also do not meet the requirements of this Section.

- 1) Example: The individual works a shift which begins at 10 pm and ends at 7 am the next day. While this individual performs services for this employer on two calendar days, for the purpose of determining whether the 30 day requirement set forth in subsection (a) has been met, the individual's shift counts as only one day of service.
- 2) Example: The individual begins his shift at noon but becomes ill fifteen minutes later. Since the individual performed services for the employer for fifteen minutes, one day is counted toward meeting the 30 day requirement set forth in subsection (a).

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3) Example: The individual is scheduled to work on a certain day but fails to report for work because he is ill. Even if the employer provides paid sick leave to the individual for that day, it will not be counted toward the 30 day requirement set forth in subsection (a).

4) Example: The individual receives paid sick leave from Company A, a nonprofit corporation which elects to make payments in lieu of contributions, for 35 days during his base period. He has no other employment with Company A during his base period. He also performs services during his base period for Company B, a liable, contributing employer. After being laid off by Company B, he returns to Company A for 30 days before being again laid off. Company A will be liable for an amount equal to 100% of the benefits paid to this individual as payments in lieu of contributions. This is because Company A is the last employer of this individual; the 30 day requirement is met by the individual's employment; and the paid sick leave constitutes wages for insured work paid during the individual's base period.

5) Example: Upon the permanent layoff of an individual, the employer pays that individual for any unused, accrued vacation time that the individual is due and grants him severance pay in the amount of one day's pay for each year of continuous service. These payments are not included for the purpose of determining whether this employer has met the 30 day requirement.

c) If the last organization or person for whom the individual provided at least 30 days of service is not an employer, as defined by Section 205 of the Act, then no employer shall be the chargeable employer, and any benefit charges or payments in lieu of contributions which accrue as a result of benefits paid to the individual shall not become the benefit charges or the amounts due of any employer. Whether the last organization or person for whom the individual provided at least 30 days of service is an employer, as defined by Section 205 of the Act, is determined as of the effective date of the claim and is unaffected by a later determination of liability based on events which occur after the effective date of the claim.

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1) Example: An individual is employed during his entire base period for Company A, a liable, contributing employer. He then leaves Illinois and obtains work in California for at least 30 days for an organization which is not liable under the Act. If this individual is laid off from his California job and files a claim against Illinois based on his Illinois base period wages, no employer shall be liable for any benefit charges for any benefit payments made to this individual. This is because the California organization is not an employer under the Act and, therefore, cannot be the chargeable employer under this Section.

2) Example: An individual is employed during his entire base period for Company A, a liable, contributing employer. After being laid off by Company A, he works for at least 30 days for the U. S. Postal Service, which is not an employer under the Act and for which reimbursement for any benefits paid is determined pursuant to Federal Regulations. He is then laid off by the Postal Service. If this individual files a claim for benefits, no employer shall be liable for any benefit charges for any benefit payments made to this individual. This is because the U. S. Postal Service is not an employer under the Act and, therefore, cannot be the chargeable employer under this Section.

3) Example: An individual files a claim for benefits, effective March 11, 1990, after having last been employed by Company A which began business as of January 1, 1990. As of March 11, 1990, Company A is not an employer under the Act because it has not yet had one or more employees in each of twenty or more weeks nor has it paid at least \$1,500 in wages in a calendar quarter. However, as of September 10, 1990, it has one or more employees in each of twenty or more weeks, and, therefore, its liability is made retroactive to January 1, 1990. In this case, Company A will not be the chargeable employer because its liability is a result of a retroactive determination based on events subsequent to the effective date of the individual's claim.

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4) Example: An individual files a claim for benefits, effective March 11, 1990, after having last been employed by Company A which claims that it is not liable under the Act because it has no employees. On September 10, 1990, there is a determination and assessment, which becomes final, which holds that Company A is liable for unpaid contributions on the wages of workers whom Company A had not considered employees. This is not a retroactive determination, and Company A can be held to be the chargeable employer of this individual.

d) Notwithstanding any other provision of this Subpart, no employer shall be the chargeable employer of an individual who was either discharged for misconduct connected with the work or voluntarily left such employer without good cause or refused to accept an offer of or to apply for suitable work from that employer without good cause. Unless the next subsequent employing unit, if it is an employer under the Act and paid the individual an amount equal to his weekly benefit amount in each of four weeks after the beginning of the individual's benefit year, any payments which might result in benefit charges will be pooled and not charged to any employer. However, if the circumstances of the voluntary quit are those described in Section 601(B)(1) or Section 601(B)(2) of the Act, then, any payments which might result in benefit charges will become pooled costs and not be charged to any employer.

1) Example: The individual quits Company A where he was employed for at least 30 days. He then accepts employment with Company B where he works for two weeks and earns in excess of his weekly benefit amount. He is then laid off and files a claim for benefits. Pursuant to Section 601(B)(2) of the Act, this individual is not ineligible for benefits. However, if it is decided that the individual quit this job without good cause, no employer will be charged for the benefits paid to the individual. This is because the individual quit his job with Company A without good cause but under the circumstances described in Section 601(B)(2) of the Act.

2) Example: The individual is held to be ineligible for benefits by the claims adjudicator, Referee,

Board of Review or court as a result of his discharge for misconduct by Company A, a liable, contributing employer. Thereafter, he returns to work and performs services for Company B, a liable, contributing employer, for three days per week for three weeks and is then laid off. However, he does earn an amount in excess of his weekly benefit amount in each of these weeks. He then performs services for Company C for one week and earns in excess of his weekly benefit amount before being laid off for lack of work. The individual is eligible for benefits because he met the qualification requirements of Section 602 of the Act. No employer will be the chargeable employer of this individual because he was discharged for misconduct connected with his work and because the next subsequent employing unit after his discharge did not pay him an amount equal to or in excess of his weekly benefit amount in each of four weeks.

3) Example: The individual is discharged from Company A, files a claim for benefits and is determined to be ineligible under Section 602 of the Act. He then returns to work for Company B, a liable, contributing employer, and earns in excess of his weekly benefit amount in each of four weeks. He is then laid off by Company B. Thereafter he is employed by Company C before being laid off. Company B will be this individual's chargeable employer because it was the individual's single employer following his discharge for misconduct from Company A, is an employer under the Act, paid the individual an amount necessary to qualify for benefits and the requalification occurred after the beginning of the individual's benefit year.

4) Example: Assume the same facts as in subsection (d)(3) except that Company B discharged the individual for misconduct connected with his work. In this case, no employer will be the chargeable employer because Company B cannot be the chargeable employer of an individual if it discharged him for misconduct connected with his work and, though Company C was the individual's next subsequent employer following his discharge for misconduct from Company B and paid the individual the amount necessary to requalify for benefits and

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the requalification occurred after the beginning of the individual's benefit year, the disqualifying event occurred after the beginning of the individual's benefit year.

- 5) Example: Assume the same facts as in subsection (d)(3) except that Company B is not an employer under the Act. In this case, no employer will be charged as a result of any benefits paid to this individual. This is because the individual was discharged for misconduct connected with his work by Company A and earned an amount equal to or in excess of his weekly benefit amount in each of four weeks after the beginning of his benefit year from Company B, an organization which is not subject to the Act. However, because it is not an employer under the Act, it cannot be charged and, therefore, the charges will be pooled.

- 6) Example: An individual is employed by Company A for several months before being laid off for lack of work. The individual does not file a claim for benefits immediately but goes on vacation. When he returns from vacation, Company A offers the individual a suitable job which he refuses without good cause. However, during that same week, he is hired by Company B where he then works and earns in excess of his weekly benefit amount in each of four weeks. When he is laid off by Company B, the individual files a claim for benefits and is not subject to disqualification for his refusal of work from Company A because he has had sufficient earning from Company B to purge any possible disqualification. Company A will not be charged for benefit charges which result from payments to this individual because the individual refused the Company's offer of suitable work without good cause. Company B will not be charged either because it paid this individual the amounts necessary to purge the possible disqualification before the beginning of the individual's benefit year. Therefore, in this case, no employer will be the chargeable employer, and the benefit charges will be pooled.

- e) If no employer meets the requirements of this Subpart to be the chargeable employer for the second of two

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consecutive benefit years but there was a chargeable employer for the first benefit year, that employer will be the chargeable employer for that second benefit year.

Example: The individual is discharged for misconduct connected with his work by Company A, files a claim for benefits and is held ineligible pursuant to Section 602 of the Act. He then returns to work for Company B, a liable and contributing employer, and earns an amount equal to or in excess of his current weekly benefit amount in each of four calendar weeks, which is sufficient to requalify for benefits. He is then laid off by Company B and is now eligible for benefits. Under these circumstances, Company B will be charged for any benefit charges which accrue because it was the single employer which paid the individual the amount necessary to requalify for benefits and the requalification occurred after the beginning of the individual's benefit year. If this individual later files a second benefit year claim, Company B did not employ the individual for at least 30 days and paid the amount necessary for the individual to requalify prior to the beginning of the second benefit year. However, Company B will be the chargeable employer because there is no other employer that meets the requirements for chargeability and because it was the chargeable employer for the individual's first benefit year.

- f) Notice that a claim for benefits has been filed will be sent by the Agency to every employing unit for whom the individual provided services, subsequent to the services provided to the chargeable employer, prior to the beginning of the individual's benefit year.

(Source: Amended at 15 Ill. Reg. 185, effective Dec. 28, 1990)

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1) Heading of the Part: Health Maintenance Organization

2) Code Citation: 50 Ill. Adm. Code 6101

3) Section Numbers Adopted Action

| | |
|----------|-------------|
| 6101.10 | Amendment |
| 6101.20 | Amendment |
| 6101.40 | Amendment |
| 6101.50 | Amendment |
| 6101.100 | Amendment |
| 6101.110 | Amendment |
| 6101.111 | New Section |
| 6101.112 | New Section |
| 6101.130 | Amendment |
| 6101.140 | Amendment |
| 6101.141 | New Section |
| 6101.142 | New Section |
| 6101.160 | Repeal |

4) Statutory Authority: Ill. Rev. Stat. 1989, ch. 111 1/2, pars. 1410 and 1415.

5) Effective Date of Amendment: December 28, 1990

6) Does this rulemaking contain an automatic repeal date?
No.

7) Do these amendments contain incorporations by reference?
No.

8) Date filed in Agency's Principal Office: December 27, 1990.

9) Notice of Proposal Published in Illinois Register: December 29, 1989, 13 Ill. Reg. 20205

10) Has JCAR issued a Statement of Objections to the rule? Yes

A) Statement of Objection December 28, 1990, 14 Ill. Reg. 2117

B) Agency Response: January 11, 1991, 15 Ill. Reg. 365

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C) Date Agency Response Submitted for Approval to JCAR:
December 18, 1990

11) Differences between proposal and final version:

Table of Contents

6101.110 heading, add comma after "Contracts", delete "and", after "Coverage" add "and Individual Contracts."

6101.111 heading, delete, "and Termination."

AUTHORITY Note: Change "1987" to "1989", add closed parentheses after "1415", delete "as amended by P.A. 86-620, effective September 1, 1989 and P.A. 86-895, effective January 1, 1990."

Section 6101.20

In definition of "Act" change "1987" to "1989."

After definition of "Basic Health Care Services" add: "Cancellation" means the termination of a group contract, evidence of coverage or individual contract by an HMO prior to the expiration date of the group contract, evidence of coverage or individual contract."

In definition of "Copayment" after "specific" add "covered."

After definition of "Copayment" add: "Deductible" means the amount an enrollee is responsible to pay out-of-pocket before the HMO begins to pay the costs associated with treatment."

Definition of "Grievance" after "submitted" add, "to the HMO", place a comma after "enrollee" and add, "but shall not include any complaint by or on behalf of a provider."

After definition of "HMO" add:

"Individual Contract" means a contract for health care services issued to and covering an individual. The individual contract may include dependents of the subscriber."

After definition of "Individual Contract" add: "Individual Practice Association (IPA)" means a partnership,

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association, corporation or other legal entity which delivers or arranges for the delivery of health care services through providers it has contracted with or otherwise made arrangements with to furnish such health care services."

Definition of "Notice of Availability ...", 3rd line delete "Part 6101 of...", capitalize "The." In the 4th line, after "Insurance" add "(50 Ill. Adm. Code 6101)."

After definition of "Notice of Availability of the Department", add, "Primary Care Physician" means a provider who has contracted with an HMO to provide primary care services as defined by the contract and who is:

a physician licensed to practice medicine in all of its branches who spends a majority of clinical time engaged in general practice of internal medicine, pediatrics, gynecology, obstetrics or family practice, or

a chiropractic physician licensed to treat human ailments without the use of drugs or operative surgery (77 Ill. Adm. Code 240.2)."

After definition "Producer", add: "'Renewal' means the issuance and delivery by an HMO of a group contract or individual contract superseding at the end of the contract period a contract previously issued and delivered by the same HMO or the issuance and delivery of a certificate or notice extending the term of the group or individual contract beyond its contract term."

After definition of "Supplemental Health Care Services" add:

"'Usual and Customary Fee' shall mean the fee as reasonably determined by the HMO which is based on the fee which the provider who renders the service usually charges its patients for the same service and the fee which is within the range of usual fees other providers of similar type, training and experience in a similar geographic area charge their patients for the same service, under similar or comparable circumstances."

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Section 6101.40

.40(b) First sentence, 3rd line, after "hear" add "and resolve by majority vote".

.40(b)(3) The 1st sentence has been rewritten as follows: "The grievance committee shall meet at the main office of the HMO or such other office designated by the HMO where the main office is not within fifty (50) miles of the grievant's home address".

.40(e) - 2nd line delete "final."

2nd line after "determination", add "made."

3rd line after "HMO." delete "This period may be extended by mutual written agreement of the HMO and the enrollee ..."; add: "The determination by the grievance committee may be extended for a period not to exceed 30 days"

At end of subsection add, "All requests for documents or records necessary for the resolution of the grievance shall be maintained in the HMO's grievance file."

.40(f) - 2nd line after "10", add "business."

.40(g) Delete old language; add, "The enrollee shall be notified at the time of the hearing of the name and affiliation of those grievance committee members who are representatives of the HMO."

.40(h) Delete old language; add, "The HMO shall institute procedures whereby any documentation furnished to the members of the grievance committee shall also be made available to the enrollee not less than five days prior to the hearing of their grievance. The HMO shall not present any evidence without the enrollee having been given the opportunity to be present."

.40(i) Delete old language; add:

"Notification in writing of the determination of the grievance committee shall be mailed to the enrollee within five (5) business days of such determination. Notice of the determination made at the final appeal step of the HMO's grievance process shall include a 'Notice of Availability of the Department'."

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Section 6101.50

This amendment was added and reads:

a)

1)A)All agreements or contracts under which any Person is delegated management duties or control of the Health Maintenance Organization, or which transfer a substantial part of any major function of the HMO including, but not limited to, all reinsurance treaties, agreements with Providers, IPA's and administrative services contracts must be submitted to the Department of Insurance for prior approval and the HMO must file with the Department any contract amendments, renewals, addendums thereto, or any change from those originally submitted for approval.

B) On a quarterly basis, each HMO must submit a list

identifying such IPA with which the HMO has a current contract. Such list must contain the name, address and telephone number of the IPA as well as the name of its Administrator.

2) All types of written health care Provider agreements must contain provisions whereby the Provider shall provide, arrange for, or participate in the quality assurance programs mandated by the Act, unless the Illinois Department of Public Health certifies that such programs will be fully implemented without any participation or action from such contracting Provider.

3) All Provider agreements shall provide for at least 30 day notice by the Provider for termination with cause, as defined in such Provider agreement and at least 90 days notice by the Provider for termination without cause. The Health Maintenance Organization must inform the Department of Insurance immediately of any known or intended termination.

4) Subscribers must receive notice from the HMO at least 45 days in advance of any termination which would curtail or eliminate services to subscribers. However, in the event that the HMO receives notice of less than 45 days from any Provider for termination of any contract which would curtail or eliminate services to

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subscribers, the HMO must provide immediate notice to the subscribers such contracting Provider.

5) All Provider agreements shall provide for at least 30 day notice by the Provider for termination with cause, as defined in such Provider agreement and at least 90 days notice by the Provider for termination without cause. The Health Maintenance Organization must inform the Department of Insurance immediately of any known or intended termination.

6) Subscribers must receive notice from the HMO at least 45 days in advance of any termination which would curtail or eliminate services to subscribers. However, in the event that the HMO receives notice of less than 45 days from any Provider for termination of any contract which would curtail or eliminate services to subscribers, the HMO must provide immediate notice to the subscribers.

C) The contractual agreement between the Provider and the HMO must contain evidence that the Provider has professional liability insurance and that such insurance coverage is effective as of the effective date of such contract. Furthermore, the contract must set forth that the Provider will give at least 15 days advance notice of cancellation of such insurance. In those instances in which the HMO will provide physician services directly through employed physicians and not through contractual arrangement with a Provider, the HMO shall provide evidence to the Department of Insurance that each individual physician has such professional liability insurance or that the HMO has such coverage on behalf of such employed physicians.

Section 6101.110

Change heading to read: "Requirements for Group Contracts, Evidences of Coverage and Individual Contracts."

.110(a) Delete old language; add:

Any group contract, evidence of coverage, individual contract, enrollment application or other form which affects the terms and conditions applicable to the subscriber or enrollee in the provision of health care services must be filed with and approved by the Director prior to use in accordance with the

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requirements of Section 6101.112 of this Part and Section 4-13 of the Act. The HMO shall issue to each subscriber or enrollee a group contract, evidence of coverage, or individual contract. Any such group contract, evidence of coverage, or individual contract shall provide for the rendering of health care services as defined therein for either a specific period of not less than twelve months from the date of issuance or for such period as is otherwise mutually agreed to by the HMO and the group or individual contractholder; and shall provide for renewal on a basis mutually agreed to by both parties, unless the HMO has given thirty-one days written notice of nonrenewal prior to the renewal date of the contract.

.110(b) - 3rd line; place comma after "contract", delete "and" after "coverage", add "and individual contract."

6th line; place comma after "contract", delete "and", after "coverage" add "and individual contract."

.110(c)T- 1st line; place comma after "contract", delete "and", after "coverage" add "and individual contract."

10th line, after "Services", add:

"provided, however, that a limitation for coverage of routine prenatal care or delivery where the enrollee is outside the service area against medical advice, except where the enrollee is outside of the service area due to circumstances beyond her control, may be included in the group contract and evidence of coverage."

.110(d) 1st line and 3rd line place a comma after "contract", delete "and", after "coverage" add "and individual contract."

.110(e) 1st line, place a comma after "contract", delete "and" after "coverage" add "and individual contract."

.110(f) 1st line, place a comma after "contract" delete "and" after "coverage" add "and individual contract."

3rd line, after "the", add "HMO's designated".

.110(g) 1st line, place comma after "contract", delete "and", after "coverage" add "and individual contract."

Last line delete "health maintenance organization" add "HMO".

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.110(h) 1st line, place comma after "contract" delete "and", after "coverage" add "and individual contract."

3rd line, after "the" add "HMO's designated."

.110(i) Delete all language after 1st sentence, add:

"Deductibles and copayments shall be the only allowable charge, other than premiums, assessed enrollees. Copayments shall be for a specific dollar amount. Deductibles shall be either for a specific dollar amount or for a specific percentage of the cost of the health care service. No single deductible or copayment for basic health care services may exceed 50% of the usual and customary fee of the service to the HMO and must be waived when, in a calendar year, deductibles and copayments paid for the receipt of basic health care services exceed 150% of the premium paid by or on behalf of the enrollee. Deductibles and copayments applicable to supplemental health care services or pre-existing conditions shall not be subject to this annual limitation."

.110(j) - Rewrite first sentence to read: "An HMO may impose deductible and copayment pre-existing condition limitations as a condition to receiving health care services."

In the second sentence after, "... symptoms which..." add, "... in the opinion of a legally qualified physician..."

- Delete subsections (1), (2), (3) and (4).

.110(k) 1st line, Delete "or Termination", place a comma after "contract", delete "and" before the word "evidence" add "and individual contract" following the word "coverage," on line two.

3rd line, after "cancellation" delete "or termination."

.110(l) 1st line, place comma after "contract", delete "and" before the word "coverage" add "and individual contract" following the word "coverage," on line two.

Delete last sentence.

.110(m) This subsection has been rewritten as follows:

"Grace Period. A group contract or individual contract shall provide for a grace period for the payment of any premium, except the first, during which coverage shall remain in effect

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if payment is made during the grace period. The grace period for a group contract shall not be less than ten (10) days. The grace period for an individual contract shall not be less than thirty-one (31) days. During the grace period, the HMO shall remain liable for providing the services and benefits contracted for; the subscriber shall remain liable for the payment of the premium for the time coverage was in effect during the grace period and the enrollee shall remain liable for the payment of any applicable share of the premium, for the time coverage was in effect, as well as for any copayments owed."

.110(n) This subsection has been deleted entirely.

.110(o) This subsection has been relabeled to (n).

1st line, place comma after "contract", place comma after "coverage", add "or individual contract".

.110(p) This subsection has been relabeled (o).

Delete "health maintenance organization" and replace with "HMO" throughout the subsection.

1st line; delete "evidence of coverage", add "contract."

3rd line; delete "individual contract", add "agreement."

4th line, delete; "evidence of coverage", add "individual contract."

8th line, delete; "evidence of coverage", add "individual contract."

.110(q) This subsection has been relabeled to (p).

.110(r) This subsection has been relabeled to (q).

1st line, delete "group contract or evidence of coverage" add "individual contract."

Delete second sentence, add: "Any information or statement of the applicant shall appear on such application in the form of interrogatories by the HMO and answers by the applicant."

7th line; delete "group contract or evidence of coverage" add "... individual contract. Group enrollment applications must be maintained on file by the HMO; otherwise, disputes arising.

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from statements made within such applications will be resolved in the enrollee's favor. Except for those instances involving fraud or material misrepresentation, an HMO's failure to investigate incomplete or conflicting answers on an enrollment application, shall estop the HMO from subsequently denying coverage on the basis of such responses.

Subsections (1), (2), (3) and (4) have been deleted.

.110(s) This subsection has been relabeled (r).

subsection (2), after "2009" delete:

", and shall not relieve an HMO of its duty to provide or arrange for covered health care services to any enrollee because the enrollee is entitled to coverage under any other contract, policy or plan including coverage provided under government programs. The HMO shall be required to provide covered health care services first and then coordinate benefits according to the terms of the HMO contract."

subsection (3), after "2009," add "and where an enrollee has established a credit within the reserve bank,"

subsection (3)(C), delete "their group contracts or evidence of coverage", add "health care plan."

.110(t) This subsection has been relabeled (s).

2nd line, place a comma after "contract", delete "or"; after "coverage" add ", or individual contract."

.110(u) This subsection has been relabeled (t).

Subsection (1) - has been rewritten as follows:

"The group contract and evidence of coverage shall contain a conversion provision which provides that each enrollee has the right to convert coverage to an individual or group contract in the following circumstances: upon cancellation of eligibility for coverage under a group contract, or upon cancellation of the group contract. The conversion contract shall cover the enrollee and his/her eligible dependents who were covered by the group contract on the date of cancellation of coverage. To obtain the conversion contract, an enrollee shall submit a written application and the application premium payment within 31 days after the date the enrollee's coverage is cancelled. The HMO may require copayments and deductibles under a

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conversion contract that differ from the group contract."

Subsection (2)(A), 1st line; delete "enrollee's termination of", add "cancellation of the enrollee's."

(2)(A) 3rd line; delete "(1), (2), (3), or (4)."

(2)(E); delete "by an individual evidence of coverage", add "through individual coverage."

(2)(F); delete "that person's termination of", add "cancellation of that person's."

(2)(H) is a new subsection and reads:

The cancellation of the enrollee's coverage occurred in relation to the HMO being placed in rehabilitation or liquidation proceedings pursuant to Section 5-6 of the Act; "or

(2)(I) is a new subsection and reads:

"The group contract has been discontinued in its entirety and there is a succeeding carrier providing coverage to the group in its entirety."

Subsections (3), (4), (5), (6) have been relabeled to (4), (5), (6), (7).

New subsection (3) reads: "Benefits or coverage shall be considered "similar" if coverage is provided for at least 12 months under a comprehensive type medical coverage."

Subsection (4), 1st line; delete "Section", add "Subsection."

Subsection (8) is new and reads: "Conversion coverage shall be provided for a period of not less than 18 months."

.110(u) This subsection has been relabeled (u) and has been rewritten as follows:

"Discrimination between individuals of the same class in the terms and conditions of such health care plan, or in the amount charged for coverage under a health care plan except where the rate differential is based on sound actuarial principles, or in any other manner whatsoever is prohibited."

Section 6101.111 - heading of Section delete "and Termination"

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.111(a)(4) - Delete this subsection

.111(a)(5) - Relabel subsection to (a) (4)

.111(a)(6) - Relabel subsection to (a)(5)

After "... Director" add, "... pursuant to Section 4-13 of the Act"

.111(b) - Delete old language add:

"A group contract, evidence of coverage or individual contract may not be cancelled for any of the following reasons:

1) the status of the enrollee's health;

2) the enrollee has exercised his or her rights under the HMOs grievance system."

Section 6101.112

1st line; after "coverage", add "individual contracts,"

5th line; delete "formally"

.112(a) Rewritten as follows: "All such forms shall be submitted in duplicate."

Section 6101.130

4th line, after "Services", delete ":", add ", provided that such services are medically necessary as determined by the enrollee's primary care physician; and if required by the HMO, are authorized on a prospective and timely basis by the HMO's Medical Director".

.130(a) - 2nd line, after "enrollee", delete "and ordered by a plan physician."

4th line, after "specifically", delete "prescribed by a physician providing services on behalf of the HMO"; add "authorized by a primary care physician and approved by the HMOs Medical Director;"

.130(b) - 1st line, delete "All medically necessary" and capitalize "outpatient."

.130(c) - 1st line after "120 days of", add "non-mental

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- health."
- 2nd line, delete "medically necessary", add "professional."
- .130(d) 1st line, delete "Medically necessary" and capitalize "emergency."
- 4th and 5th lines, delete "and will include medically necessary emergency treatment."
- 8th line, delete "when medically necessary."
- .130(e) 4th line, delete "necessary".
- .130(g) last line; delete "P.A. 86-895", add "Section 4-6.1 of the Act."
- .130(h) 1st and 2nd lines; delete "if medically necessary."
- 5th line; delete "a plan", add "the primary care."
- 7th line; delete "may be medically necessary, and."
- 8th line, delete "short term" before "evaluation", add "short term" before "treatment".
- 12th line; delete "a Plan Primary Care", add "the primary care."
- .130(i)
- (1) - 4th line; delete "as deemed medically necessary."
- (2) - 1st line; delete "either" and "or outpatient."
- 2nd line; delete "as deemed medically necessary."
- 3rd line; delete "if medically necessary."
- 6th line; delete "a Plan", add "the primary care."
- 8th line; delete "may be medically necessary and."
- 9th line; delete "short term" before "evaluation" and add "short term" before "treatment".
- 12th line; delete "a Plan", add "the primary care."

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- .130(j) - 1st line; before "Rehabilitative", add "Outpatient."
- 4th line; delete "subject to", add "expected to result in."
- 5th line; delete "a short term" add "two (2) months"; delete "a plan", add "the primary care."
- After "physician" add "...; and if required by the HMO, are authorized on a prospective and timely basis by the HMO's Medical Director.
- Section 6101.140
- .140(c) Delete entirely.
- Section 6101.141
- .141(a) - Delete first two sentences.
- Add: "HMO producer means an individual who solicits, negotiates, effects, procures, renews or continues enrollment in an HMO.
- 6th line, delete "health maintenance organization", add "HMO"
- .141(b) Old subsection (b) has been relabeled (c).
- New (b) reads: "No person may act as or hold himself out to be an HMO producer after (the effective date of this amendment) unless duly licensed in accordance with the requirements of this Part. An HMO producer doing business in this State on (the effective date of this amendment) shall apply for an HMO producer's license within 90 days thereafter."
- .141(c)(3); After "revocation" add "pursuant to Section 505.1 of the Illinois' Insurance Code (Ill. Rev. Stat. 1989, ch. 73, par. 1065.52-1)."
- .141(4) Delete "1987", add "1989."
- .141(d) - Old subsection (c) has been relabeled to (d).
- 2nd line, delete "1987", add "1989"
- 5th line, after "producers" delete, "except to the extent that such provisions are inconsistent with the provisions of this Part"

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Old subsection (d) has been deleted

Section 6101.142

.142(a) Delete "On or after July 1, 1989," Capitalize "no"

Subsections (b), (c) and (d) have been deleted.

Subsection (e) has been relabeled to (b).

.142(b) After "producers" delete: "except to the extent that such provisions are inconsistent with the provisions of the Act or this Part"

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes.

13) Will these amendments replace emergency amendments currently in effect? No.

14) Are there any amendments pending on this Part? No.

15) Summary and Purpose of the Amendments: This Part has not been revised since its initial adoption in 1976. The purpose of these amendments is to bring the regulation of HMOs up to date with the many statutory changes and changes in the provision of health care since 1976. Among the issues addressed by these amendments are: revision of the minimum requirements for grievance procedures; revision of advertising and solicitation standards; revision and expansion of "Basic Health Care Services"; revision of enrollee contract from requirements; and establishing standards for the licensing of HMO producers.

16) Information and questions regarding these adopted amendments shall be directed to:

Mr. David Grant
Health Care Coordinator
Department of Insurance
320 W. Washington Street, 4th Fl.
Springfield, Illinois 62767

The full text of the Adopted Amendments begin on the next page:

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TITLE 50: INSURANCE

CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER ddd: HEALTH MAINTENANCE ORGANIZATIONS

PART 6101

HEALTH MAINTENANCE ORGANIZATION DEFINITIONS

Section

Authority and Scope

Definitions

6101.10 Filing of Application for Certificate of Authority

6101.20 Grievance Procedure

6101.30 Contracts and Administrative Arrangements

6101.40 Rates

6101.50 Capitalization, Contingent Reserves, Subordinated

6101.60 Notes, and Dividend Payments

6101.70 Financial Reporting

6101.80 Conflict of Interest and Required Disclosure

6101.90 Solicitation

6101.100 Submember-Forms Requirements for Group Contracts,

6101.110 Evidences of Coverage and Individual Contracts

6101.111 Cancellation

6101.112 Form Filing Requirements

6101.120 Internal Security Standards and Fidelity Bonds

6101.130 Basic Health Care Services

6101.140 General Provisions

6101.141 HMO Producer Licensing Requirements

6101.142 Limited Insurance Representative Requirements -

Public Aid and Medicare Enrollers

6101.150 Severability

6101.160 Effective Date (Repealed)

AUTHORITY: Implementing and authorized by Sections 5-2 and 5-7 of the Health Maintenance Organization Act (Ill. Rev. Stat. 1989, Ch. 111 1/2, pars. 1410 and 1415).

SOURCE: Filed June 16, 1976, effective July 1, 1976; codified at 7 Ill. Reg. 3016; amended at 15 Ill. Reg. 199, effective December 28, 1990.

Section 6101.10 Authority and Scope

a) --These Rules are promulgated by the Director of Insurance pursuant to Section 15 of the Health Maintenance Organization Act (Ill. Rev. Stat. 1989, Ch. 111 1/2, pars. 1410 and 1415).

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Ch. 111-1/2, par. 1415) which empowers the Director to promulgate reasonable rules and regulations as are necessary and proper to carry out the provisions of this Act.

- b) These rules shall apply to any Health Maintenance Organization (HMO) as defined in the Act.

(Source: Amended at 15 Ill. Reg. 199, effective December 28, 1990)

Section 6101.20 Definitions

"Act" means the Health Maintenance Organization Act (Ill. Rev. Stat. 1981 1989, Ch. 111 1/2, par. 1401 et seq.) as amended.

"Advertisement" means any printed or published material, audiovisual material and descriptive literature of the health care plan used in direct mail, newspapers, magazines, radio scripts, television scripts, billboards and similar displays; and any descriptive literature or sales aids of all kinds disseminated by a representative of the health care plan for presentation to the public including, but not limited to, circulars, leaflets, booklets, depictions, illustrations, form letters and prepared sales presentations (Section 1-2(1) of the Act).

"Basic Health Care Services" means emergency care, and inpatient hospital and physician care, outpatient medical services, mental health services and care for alcohol and drug abuse, including any reasonable deductibles and co-payments, all of which are subject to such limitations as are set forth in this Part (Section 1-2(3) of the Act).

"Cancellation" means the termination of a group contract, evidence of coverage or individual contract by an HMO prior to the expiration date of the group contract, evidence of coverage or individual contract.

"Consumer" means any individual provided that such individual or the individual's spouse, child, parent, or a member of the same household is not or has not been in the two years previous:

an employee of an HMO or

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a person with a management or financial interest; in an HMO or affiliate; other than as an enrollee of the Plan; or in a Provider furnishing health care services to an HMO or affiliate; or in a vendor of goods or services to an HMO or affiliate.

means any enrollee, provided that such individual is not or has not been in the previous two years: an employee (including his spouse or dependent) of the HMO or affiliate of the HMO; or a provider furnishing health care services to the HMO or affiliate of the HMO.

"Copayment" means the amount an enrollee must pay in order to receive a specific covered service which is not fully prepaid.

"Deductible" means the amount an enrollee is responsible to pay out-of-pocket before the HMO begins to pay the costs associated with treatment.

"Department" means the Illinois Department of Insurance.

"Director" means the Director of the Illinois Department of Insurance (Section 1-2(2) of the Act).

"Enrollee" or "Member" means an individual who has been enrolled as a Subscriber or as an eligible dependent of a subscriber and for whom the HMO has accepted the contractual responsibility for providing or arranging for at least Health Care Services and Basic Health Care Services; means an individual who has been enrolled in a health care plan (Section 1-2(4) of the Act).

"Evidence of Coverage" means any certificate, agreement, or contract issued to an enrollee setting out the coverage to which he is entitled in exchange for a per capita prepaid sum (Section 1-2(5) of the Act).

"Governing Body" means the Board of Trustees, or directors, or if otherwise designated in the basic operational document bylaws, those individuals vested with the ultimate responsibility for the management of a person any organization that has been issued, or is applying for, a certificate of authority as a Health Maintenance Organization.

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"Grievance" means any written complaint submitted to the HMO by or on behalf of an enrollee regarding any aspect of the HMO relative to the enrollee, but shall not include any complaint by or on behalf of a provider.

"Grievance Committee" means individuals who have been appointed by the HMO to respond to grievances which have been filed on appeal from the HMO's simplified complaint process established pursuant to Section 6101.40(d) of this Part. At least 50% of the members on this committee shall be composed of enrollees who are consumers.

"Group Contract" means a contract for health care services which by its terms limits eligibility to members of a specified group (Section 1-2(6) of the Act).

"Health Care Plan" means any arrangement whereby any organization undertakes to provide or arrange for and pay for or reimburse the cost of any basic health care services from providers selected by the Health Maintenance Organization and such arrangement consists of arranging for or the provision of such health care services, as distinguished from mere indemnification against the cost of such services, except as otherwise authorized by Section 2-3 of the Act, on a per capita prepaid basis, through insurance or otherwise (Section 1-2(7) of the Act).

"Health Care Services" means any services included in the furnishing to any individual of medical or dental care, or the hospitalization or incident to the furnishing of such care or hospitalization as well as the furnishing to any person of any and all other services for the purpose of preventing, alleviating, curing or healing human illness or injury (Section 1-2(8) of the Act).

"HMO" means Health Maintenance Organization.

"Individual Contract" means a contract for health care services issued to and covering an individual. The individual contract may include dependents of the subscriber.

"Individual Practice Association (IPA)" means a partnership, association, corporation or other legal entity which delivers or arranges for the delivery of health care services through providers it has contracted with or

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otherwise made arrangements with to furnish such health care services."

"Limited Insurance Representative" means an individual appointed by an HMO to represent the HMO in the enrollment of recipients of Public Aid or Medicare in the HMO.

"Notice of Availability of the Department" as required by this Part shall be no less informative than the following:

The Rules of the Illinois Department of Insurance (50 Ill. Adm. Code 6101) requires that we advise you that if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 100 W. Randolph Street, Suite 15-100, Chicago, Illinois 60601 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767.

"Primary Care Physician" means a provider who has contracted with an HMO to provide primary care services as defined by the contract and who is:

a physician licensed to practice medicine in all of its branches who spends a majority of clinical time engaged in general practice or in the practice of internal medicine, pediatrics, gynecology, obstetrics or family practice, or

a chiropractic physician licensed to treat human ailments without the use of drugs or operative surgery (77 Ill. Adm. Code 240.2).

"producer" means a person directly or indirectly associated with a health care plan who engages in solicitation or enrollment (Section 1-2(13) of the Act).

"Provider" means any physician, hospital facility, or other person which is licensed or otherwise authorized to furnish health care service and also includes any other entity that arranges for the delivery or furnishing of health care services (Section 1-2(12) of the Act).

"Renewal" means the issuance and delivery by an HMO of a group contract or individual contract superseding at the end of the contract period a contract previously issued and

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delivered by the same HMO or the issuance and delivery of a certificate or notice extending the term of the group or individual contract beyond its contract term.

"Solicitation" means any means by which information relative to an HMO is made known to the public for the purpose of informing or influencing potential enrollees, regardless of the media or technique used.

"State" means any governing body, department, or agency of the State of Illinois which has regulatory authority governing the Health Maintenance Organization Act.

"Subscriber" means an individual person who has entered into a contractual relationship with the HMO, or on whose behalf a contractual relationship has been entered into, for the provision of or arrangement of at least Health-Care Services and Basic Health Care Services to the beneficiaries of such contract (Section 1-2(15) of the Act).

"Supplemental Health Care Services" means any health care service other than basic health care services.

"Usual and Customary Fee" shall mean the fee as reasonably determined by the HMO which is based on the fee which the provider who renders the service usually charges its patients for the same service and the fee which is within the range of usual fees other providers of similar type, training and experience in a similar geographic area charge their patients for the same service, under similar or comparable circumstances."

(Source: Amended at 15 Ill. Reg. 199, effective December 28, 1990)

Section 6101.40 Grievance Procedure

a) Every HMO shall submit for the Director's approval, and thereafter maintain, a system for the resolution of grievances concerning the provision of health care services or other matters concerning operation of the HMO as follows. Each HMO shall:

- 1) Submit to the Director for prior approval any proposed changes to the system by which grievances may be filed and reviewed:

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- 2) Maintain records of each grievance filed with the Health-Maintenance Organization HMO until the grievance is resolved and for a period of at least 3 years to include:
 - A) A copy of the grievance, the date of its filing,
 - B) The date and outcome of all consultations, hearings and hearing findings,
 - C) The date and decisions of any appeal proceedings, and
 - D) The date and proceedings of any litigation;

- 3) Submit to the Director in a form prescribed by the Director, a report by March 1 for the previous calendar year which shall include at least the following: the total number of grievances handled; a compilation of causes underlying the grievances; the outcomes of the grievances; the elapsed time from receipt of the grievance by the HMO until its conclusion and the number of malpractice claims filed and if such claims have been completely adjudicated, a compilation of causes, disposition, form and amount of any settlements.

- b) Every HMO shall have a grievance committee composed of at least 50-percent enrollees who are consumers and such committee which shall have the authority to hear and resolve by majority vote grievances submitted to it as provided in Subsection a) above.

- 1) Notwithstanding any other provisions of this Section, the grievance committee may, but is not required to, hear any grievance which alleges or indicates possible professional liability, commonly known as "malpractice."

- 2) The committee is not empowered to resolve grievances in any manner which, or prescribe any actions which, are in conflict with written policies of the HMO's Governing Body, but the committee may hear such grievances for the purpose of providing input to the Governing Body.

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3) The grievance committee shall meet at the main office of the HMO, or such other office designated by the HMO where the main office is not within fifty (50) miles of the grievant's home address. Consideration shall be given to the enrollee's request pertaining to the time and date of such meeting. The enrollee shall have the right to attend and participate in the formal grievance proceedings. The enrollee shall have the right to be represented by a designated representative of his choice.

4) The filing of a grievance shall not preclude the enrollee from filing a complaint with the Department nor shall it preclude the Department from investigating a complaint pursuant to its authority under Section 4-6 of the Act.

c) The grievance procedures must be fully and clearly communicated to all enrollees and information concerning such procedures shall be readily available to the enrollee.

d) Every HMO shall have simplified procedures for resolving these complaints which have-not-been submitted-in-writing. Such procedures do not require review of the complaint by the grievance committee, but a log, file, or other similar records must be maintained to identify the general nature of such complaints. Resolution of such complaints shall not preclude the enrollee's rightful access to review by the grievance committee of a grievance.

e) The HMO shall institute procedures which would require grievances to have a determination made by the grievance committee within 60 days from the date the grievance is received by the HMO. The determination by the grievance committee may be extended for a period not to exceed 30 days in the event of a delay in obtaining the documents or records necessary for the resolution of the grievance. All requests for documents or records necessary for the resolution of the grievance shall be maintained in the HMO's grievance file.

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f) The grievance procedure shall provide the enrollee with a written acknowledgment of their grievance within 10 business days after receipt by the HMO.

g) The enrollee shall be notified at the time of the hearing of the name and affiliation of those grievance committee members who are representatives of the HMO.

h) The HMO shall institute procedures whereby any documentation furnished to the members of the grievance committee shall also be made available to the enrollee not less than five days prior to the hearing of their grievance. The HMO shall not present any evidence without the enrollee having been given the opportunity to be present.

i) Notification in writing of the determination of the grievance committee shall be mailed to the enrollee within five (5) business days of such determination. Notice of the determination made at the final appeal step of the HMO's grievance process shall include a "Notice of Availability of the Department."

(Source: Amended at 15 Ill. Reg. 199, effective December 28, 1990)

Section 6101.50 Contracts and Administrative Arrangements

a)

1) A) All agreements or contracts under which any person is delegated management duties or control of the Health Maintenance Organization, or which transfer a substantial part of any major function of the HMO including, but not limited to, all reinsurance treaties, agreements with providers, IPA's and administrative service contracts must be submitted to the Department of Insurance for prior approval and the HMO must file with the department any contract amendments, renewals, addendums thereto, or any change from those originally submitted for approval.

B) On a quarterly basis, each HMO must submit a list identifying such IPA with which the HMO

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has a current contract. Such list must contain the name, address and telephone number of the IPA as well as the name of its Administrator.

- 2) All types of written health care Provider agreements must contain provisions whereby the Provider shall provide, arrange for, or participate in the quality assurance programs mandated by the Act, unless the Illinois Department of Public Health certifies that such programs will be fully implemented without any participation or action from such contracting Provider.
- 3) All Provider agreements shall provide for at least 30 days notice by the Provider for termination with cause, as defined in such Provider agreement and at least 90 days notice by the Provider for termination without cause. The Health Maintenance Organization must inform the Department of Insurance immediately of any known or intended termination.
- 4) Subscribers must receive notice from the HMO at least 45 days in advance of any termination which would curtail or eliminate services to subscribers. However, in the event that the HMO receives notice of less than 45 days from any Provider for termination of any contract which would curtail or eliminate services to subscribers, the HMO must provide immediate notice to the subscribers.

- b) The contractual agreement between the Provider and the HMO must contain evidence that the Provider has professional liability insurance and that such insurance coverage is effective as of the effective date of such contract. Furthermore, the contract must set forth that the Provider will give at least 15 days advance notice of cancellation of such insurance. In those instances in which the HMO will provide physician services directly through employed physicians and not through contractual arrangement with a Provider, the HMO shall provide evidence to the Department of Insurance that each individual physician has such professional liability insurance or that the HMO has such coverage on behalf of such employed physicians.

(Source: Amended at 15 Ill. Reg. 199, effective

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Section 6101.100 Solicitation

- a) No Health Maintenance Organization, or representative thereof may cause or knowingly permit the use of advertising, solicitation, or any form of evidence of coverage which is untrue, misleading or deceptive.
 - 1) All information required to be disclosed by these rules shall set out conspicuously and in close conjunction with the statements to which such information relates under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the solicitation as to be confusing or misleading.
 - 2) The format and context of a solicitation of any Health Maintenance Organization's plan or program shall be sufficiently complete and clear to avoid deception or the capacity or tendency to mislead or deceive. Whether an advertisement has a capacity or tendency to mislead or deceive shall be determined by the Director from the overall impression that the advertisement may be reasonably expected to create upon a person of average education or intelligence within the segment of the public to which it is directed.
 - 3) Solicitations shall be truthful and not misleading in fact or implication. Words or phrases, the meaning of which is clear only by employment or by familiarity with insurance or medical terminology or health care plans shall not be used, unless such words or phrases are otherwise explained in such solicitation.
 - 4) No solicitation shall omit information or use words, phrases, statements, references, or illustrations if an omission of such information or use of such words, phrases, statements, references or illustrations has the capacity, tendency or effect of misleading or deceiving prospective members enrolees as to the nature or extent of any benefit

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payable, loss covered or, premium payable or health care service provided.

- b) A detailed description of all training and educational programs provided to solicitors of the Health Care Plan or to any person providing Marketing activities shall be submitted to the Director upon application for a Certificate of Authority and any substantive changes, thereafter, in such programs shall be submitted to the Director 15 days prior to the intended effective date of such change.
- c) All brochures, media scripts, and any other marketing or advertising materials which an HMO applying for Certificate of Authority plans to use must be filed with the Department of Insurance. Such material must be filed before use and, in the event that such material can obviously not be filed, such as audio-visual presentations, a description of the solicitation activity must be filed.
- d) A list of agents producers who will solicit the Health Care Plan, including the names and addresses of such agents producers shall be submitted to the Director with the Annual Report and any change, thereafter, in such list shall be submitted to the Director within 30 days of such change.
- e) Any advertisement or solicitation shall not directly or indirectly make unfair or incomplete comparisons of policies, plans, or benefits or comparisons of non-comparable plans or policies of other HMO's or insurers, and shall not disparage competitors, their policies or plans, services or business methods and shall not disparage or unfairly minimize a competing method of marketing insurance or health care services.
- f) No advertisement or marketing material of an HMO shall imply that certification by the Department is an endorsement of the HMO.
- g) Failure to comply with the requirements of this Section shall subject the HMO or its representative to the sanctions that the Director may impose under authority of Section 4-7 of the Act.

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- h) The HMO shall include in its enrollee handbook or similar material a description of the HMO's grievance procedure, directions for filing a grievance, and "Notice of Availability of the Department."

(Source: Amended at 15 Ill. Reg. 199, effective December 28, 1990)

Section 6101.110 Subscriber-Forms Requirements for Group Contracts, Evidences of Coverage and Individual Contracts

- a) Every-Health-Maintenance-Organization-shall-issue-to each-subscriber-a-certificate-providing-evidence-of coverage-known-as-the-Subscriber-Certificate,--Every contract,--subscriber-certificate-form-and-application or-enrollment-form-or-other-evidence-of-coverage-must be-filed-and-approved-by-the-Director-prior-to-use.
- Any group contract, evidence of coverage, individual contract, enrollment application or other form which affects the terms and conditions applicable to the subscriber or enrollee in the provision of health care services, must be filed with and approved by the Director prior to use in accordance with the requirements of Section 6101.112 of this Part and Section 4-13 of the Act. The HMO shall issue to each subscriber or enrollee, a group contract, evidence of coverage, or individual contract. Any such group contract, evidence of coverage, or individual contract shall provide for the rendering of health care services as defined therein for either a specific period of not less than twelve months from the date of issuance or for such period as is otherwise mutually agreed to by the HMO and the group or individual contract holder; and shall provide for renewal on a basis mutually agreed to by both parties, unless the HMO has given thirty-one days written notice of non-renewal prior to the renewal date of the contract.
- b) A detailed statement of any exceptions, exclusions or limitations shall be provided set forth in the Subscriber-Certificate group contract, evidence of coverage, and individual contract for any type of health care service to be excepted. Such exceptions, exclusions or limitations of the-Subscriber-Certificate

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shall appear with the same prominence in the certificate group contract, evidence of coverage, and individual contract as any benefit.

- c) The group contract, evidence of coverage, and individual contract shall set forth A a detailed statement of the terms and conditions of maternity benefits and any related exceptions, exclusions, limitations, copayments and deductibles shall be provided in the Subscriber-Certificate. However, such exceptions, exclusions, limitations, copayments and deductibles applicable to prenatal and post-natal care shall be no different from than other Basic covered Health Care Services provided, however, that a limitation for coverage of routine prenatal care or delivery where the enrollee is outside the service area against medical advice, except where the enrollee is outside of the service area due to circumstances beyond her control, may be included in the group contract and evidence of coverage.

- d) Entire Contract. The group contract, evidence of coverage, and individual contract shall contain a statement that the group contract evidence of coverage, individual contract, all applications, and any amendments thereto shall constitute the entire agreement between the parties. No portion of the charter, by-laws or other document of the HMO shall be part of such a contract or evidence of coverage unless set forth in full in such document or attached thereto.

- e) Eligibility Requirements. The group contract, evidence of coverage, and individual contract shall contain eligibility requirements indicating the conditions that must be met to enroll in a health care plan, the limiting age for enrollees and eligible dependents including the effects of Medicare eligibility, and a clear statement regarding coverage of newborn children as set forth in Section 4-8 and 4-9 of the Act.

- f) Benefits and Services Within the Service Area. The group contract, evidence of coverage, and individual contract shall contain a specific description of benefits and services available within the HMO's designated service area.

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- g) Emergency Care Services. The group contract, evidence of coverage, and individual contract shall contain a specific description of benefits and services available for emergencies 24-hours a day, 7 days a week, including disclosure of any restrictions on emergency care services. No group contract or evidence of coverage shall limit the coverage of emergency services within the service area to those providers having a contract with the HMO.

- h) Out of Area Benefits and Services. The group contract, evidence of coverage, and individual contract shall contain a specific description of benefits and services available out of the HMO's designated service area.

- i) Deductibles and Copayments. An HMO may require copayments of enrollees as a condition for the receipt of specific health care services. Deductibles and copayments shall be the only allowable charge, other than premiums, assessed enrollees. Copayments shall be for a specific dollar amount. Deductibles shall be either for a specific dollar amount or for a specific percentage of the cost of the health care service. No single deductible or copayment for basic health care services may exceed 50% of the usual and customary fee of the service to the HMO and must be waived when in a calendar year, deductibles and copayments paid for the receipt of basic health care services exceed 150% of the premium paid by or on behalf of the enrollee. Deductibles and copayments applicable to supplemental health care services or pre-existing conditions shall not be subject to this annual limitation.

- j) Pre-existing Conditions. An HMO may impose deductible and copayment pre-existing condition limitations as a condition to receiving health care services. A pre-existing condition shall not be defined more restrictively than a condition for which medical advice or treatment was recommended by a physician or received from a physician within a one year period preceding the effective date of coverage under the health care plan or the existence of symptoms which, in the opinion of a legally qualified physician, would have caused an ordinarily prudent person to seek diagnosis, care or treatment within a one year period preceding the effective date of coverage under the health care plan.

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Such condition may only be limited for a period not to exceed one year from the effective date of coverage.

- k) Cancellation. The group contract, evidence of coverage, and individual contract shall contain the conditions upon which cancellation may be effected by the HMO or the enrollee as set forth in Section 6101.111 of this Part.

- l) Reinstatement. The group contract, evidence of coverage, and individual contract shall contain the conditions of the enrollee's right to reinstatement.

- m) Grace Period. A group contract or individual contract shall provide for a grace period for the payment of any premium, except the first, during which coverage shall remain in effect if payment is made during the grace period. The grace period for a group contract shall not be less than ten (10) days. The grace period for an individual contract shall not be less than thirty-one (31) days. During the grace period, the HMO shall remain liable for providing the services and benefits contracted for; the subscriber shall remain liable for the payment of the premium for the time coverage was in effect during the grace period and the enrollee shall remain liable for the payment of any applicable share of the premium, for the time coverage was in effect, as well as for any copayments owed.

- n) No group contract, evidence of coverage, or individual contract may be delivered in this state unless the subscriber and/or enrollee is provided written notice required by Section 143c of the Illinois Insurance Code (Ill. Rev. Stat. 1989, ch. 73, par. 755c).

- o) Right to Examine Contract. An individual contract shall contain a provision stating that an enrollee who has entered into an agreement with an HMO shall be permitted to return the individual contract within ten days of receiving it and to receive a refund of the premium paid if the enrollee is not satisfied with the contract for any reason. If the individual contract is returned to the HMO or to its representative through whom it was purchased, it is considered void from the beginning. However, if services are rendered or claims are paid for such enrollee or dependent by the HMO

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during the ten-day examination period, the enrollee shall not be permitted to return the contract and receive a refund of the premium paid.

- p) Identification cards must prominently display the following information:

- 1) the words "Health Maintenance Organization" or "HMO"; and

- 2) disclaimer language concerning an enrollee's unauthorized use of providers not selected by the HMO; and

- 3) a current telephone number for the enrollees to use when health care services are required outside of normal office hours.

- q) Enrollment Application. No individual contract shall be issued except upon the signed enrollment application of the enrollee for whom coverage is being sought. Any information or statement of the applicant shall appear on such application in the form of interrogatories by the HMO and answers by the applicant. The enrollee shall not be bound by any statement made within an application for health care coverage unless a copy of such application is attached to the individual contract. Group enrollment applications must be maintained on file by the HMO; otherwise, disputes arising from statements made within such applications will be resolved in the enrollee's favor. Except for those instances involving fraud or material misrepresentation, an HMO's failure to investigate incomplete or conflicting answers on an enrollment application, shall estop the HMO from subsequently denying coverage on the basis of such responses.

- r) Coordination of Benefits.

- 1) HMO's are permitted, but not required to adopt coordination of benefits provisions to avoid overinsurance and to provide for the orderly payment of claims when a person is covered by two or more group health insurance or health care plans.

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2) If an HMO adopts coordination of benefits, the provision must be consistent with the coordination of benefits requirements set forth in 50 Ill. Adm. Code 2009.

3) To the extent necessary for an HMO to meet its obligations as a secondary carrier under 50 Ill. Admin. Code 2009, and where an enrollee has established a credit within the reserve bank, the HMO shall make payments for services that are:

- A) received from non-participating providers; or
- B) provided outside their service areas; or
- C) not covered under the terms of the health care plan.

s) Dependents-termination of coverage-disability and dependency, proof-application. Every group contract, evidence of coverage, or individual contract which provides that coverage of a dependent person of an enrollee shall terminate upon attainment of the limiting age for dependent persons shall comply with the requirements of Section 4-9.1 of the Act.

t) Conversion of coverage.

1) The group contract and evidence of coverage shall contain a conversion provision which provides that each enrollee has the right to convert coverage to an individual or group contract in the following circumstances: upon cancellation of eligibility for coverage under a group contract, or upon cancellation of the group contract. The conversion contract shall cover the enrollee and his/her eligible dependents who were covered by the group contract on the date of cancellation of coverage. To obtain the conversion contract, an enrollee shall submit a written application and the application premium payment within 31 days after the date the enrollee's coverage is cancelled. The HMO may require copayments and deductibles under a conversion contract that differ from the group contract.

2) A conversion contract shall not be required to be made available if:

- A) The cancellation of the enrollee's coverage occurred for any of the reasons listed in Section 6101.111(a); or
 - B) The enrollee is covered by or is eligible for benefits under Title XVIII of the United States Social Security Act; or
 - C) The enrollee is covered by similar hospital, medical, or surgical benefits under state or federal law; or
 - D) The enrollee is covered by similar hospital, medical, or surgical benefits under any arrangement of coverage for individuals in a group whether on an insured or uninsured basis; or
 - E) The enrollee is covered for similar benefits through individual coverage; or
 - F) The enrollee has not been continuously covered during the three-month period immediately preceding cancellation of that person's coverage; or
 - G) The enrollee has moved outside of the service area of the health maintenance organization; or
 - H) The cancellation of the enrollee's coverage occurred in relation to the HMO being placed in rehabilitation or liquidation proceedings pursuant to Section 5-6 of the Act; or
 - I) The group contract has been discontinued in its entirety, and there is a succeeding carrier providing coverage to the group in its entirety.
- 3) Benefits or coverage shall be considered "similar" if coverage is provided for at least 12 months under comprehensive type medical coverage.

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- 4) Notwithstanding subsections (2)(C), (D), (E) or (I) if the enrollee or any of his or her covered dependents has a pre-existing condition, and the enrollee is covered by similar hospital, medical or surgical benefits under any arrangement of coverage for individuals in a group, whether on an insured or uninsured basis, and such coverage does not cover pre-existing conditions, then such enrollee may continue conversion coverage for the individual with such pre-existing condition until the enrollee's or dependent's pre-existing condition is covered under the succeeding plan.

- 5) The conversion contract shall provide as a minimum to its enrollees basic health care services.

- 6) The conversion contract shall begin coverage of the enrollee and any dependents formerly covered under the group contract on the date of termination from the group or the former individual contract.

- 7) Coverage shall be provided without requiring evidence of insurability and shall not impose any pre-existing condition limitations or exclusions other than those remaining unexpired under the contract from which conversion is exercised.

- 8) Conversion coverage must be provided for a period of not less than 18 months.

u) Discrimination Prohibited

Discrimination between individuals of the same class in the terms and conditions of such health care plan, or in the amount charged for coverage under a health care plan except where the rate differential is based on sound actuarial principles, or in any other manner whatsoever is prohibited.

(Source: Amended at 15 Ill. Reg. 199, effective December 28, 1990)

Section 6101.111 Cancellation

- a) No HMO shall cancel a group or individual contract or

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evidence of coverage except for one or more of the following reasons:

- 1) Failure of the enrollee to pay the amount due under the contract or evidence of coverage, for which the enrollee is legally responsible; or
- 2) Fraud or material misrepresentation in enrollment or in the use of services or facilities; or
- 3) Material violation of the terms of the contract or evidence of coverage; or
- 4) Failure of the enrollee and the primary care physician to establish a satisfactory patient-physician relationship if the enrollee has repeatedly refused to follow the plan of treatment ordered by the physician; it is shown that the HMO has in good faith provided the enrollee with the opportunity to select an alternative primary care physician; and the enrollee has been notified in writing at least 31 days in advance that the HMO considers such patient-physician relationship to be unsatisfactory; or
- 5) Such other good cause agreed upon in the contract and approved by the Director pursuant to Section 4-13 of the Act.

- b) A group contract, evidence of coverage or individual contract may not be cancelled for any of the following reasons:

- 1) The status of the enrollee's health;
- 2) The enrollee has exercised his or her rights under the HMO's grievance system.

(Source: Added at 15 Ill. Reg. 199, effective December 28, 1990)

Section 6101.112 Form Filing Requirements

Group contracts, evidences of coverage, individual contracts, enrollment applications or other forms which affect the terms and conditions applicable to the enrollee in the provision of

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health care services must be filed with the Department as follows:

- a) All such forms shall be submitted in duplicate.
- b) The enrollment application to be used in connection with the group contract, evidence of coverage or other such form must be made a part of the filing. In addition, the approval date must be given for enrollment application forms previously submitted to and approved by this Department.
- c) Each form must be identified by a unique form number located in the lower left-hand corner of the first page thereof. When a filing is submitted, and consideration is to be given to each individual page within that filing, then the insert pages should be properly identified and the letter of submittal should list each page as a form.
- d) Each HMO form filing must be accompanied by a filing letter containing the following information:
 - 1) The name of the form, if any, and identifying form number.
 - 2) If the submission is new, so state.
 - 3) If the form is intended to replace another, give the form number of such form replaced, the date it was approved by the Department, and highlight all changes from the previously approved form. Any changes not highlighted will not be deemed to be approved.

(Source: Added at 15 Ill. Reg. 199, effective December 28, 1990)

Section 6101.130 Basic Health Care Services

The provision of Basic Health Care Services shall not discriminate against any class of physician. The following minimum standards shall meet the requirement for Basic Health Care Services provided that such services are medically necessary as determined by the enrollee's primary care physician; and if

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required by the HMO, are authorized on a prospective and timely basis by the HMO's Medical Director.

- a) Physician services including primary care, consultation, referral, surgical, anesthesia or other as needed by the enrollee in any level of service delivery. Such services need not include organ transplants unless specifically authorized by a Primary Care physician and approved by the HMO's Medical Director;
- b) All-medically-necessary outpatient diagnostic and therapeutic-services-including-x-ray-and-laboratory services, imaging, pathology services and radiation therapy;
- c) 120 days of non-mental health inpatient services per occurrence year including all medically-necessary professional services, medications, surgically implanted devices and supplies used by the enrollee while an inpatient. Such benefit is to include-at-least 10-days inpatient-care-for-mental-health-services;
- d) Medically-necessary Emergency services for accidental injury or emergency illness 24 hours per day, and 7 days per week. Such emergency services are covered benefits inside and out of the plan's service area. and will-include-medically-necessary-emergency-treatment. Such emergency treatment shall include outpatient visits and referrals for emergency mental health problems; when-medically-necessary
- e) Maternity care including prenatal and post-natal care and care for complication of pregnancy of mother and care with respect to a newborn child from the moment of birth which shall include the necessary care and treatment of illness, injury, congenital defects, birth abnormalities and premature birth;
- f) Blood transfusion services, processing and the administration of whole blood and blood components and derivatives;
- g) Preventative health services as appropriate for the patient population including a health evaluation program and immunizations to prevent or arrest the further manifestation of human illness or injury. Such

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health evaluation program shall include at least periodic physical examinations and medical history, hearing and vision testing or screening, routine laboratory testing or screening, blood pressure testing, and uterine cervical-cytological testing, and low dose mammography testing as required by Section 4-6.1 of the Act.

- h) Ten (10) days inpatient mental health care per year. Care in a day hospital, residential non-hospital or intensive outpatient mode may be substituted on a two-to-one basis for inpatient hospital services as deemed appropriate by the primary care physician. Twenty (20) individual outpatient mental health care visits per enrollee per year, as appropriate for evaluation, short-term treatment and crisis intervention services. Group outpatient mental health care visits may be substituted on a two-to-one basis for individual mental health care visits as deemed appropriate by the primary care physician.

i) Alcoholism and Drug Abuse

- 1) Diagnosis, detoxification and treatment of the medical complications of the abuse of or addiction to alcohol or drugs on either an inpatient or outpatient basis. Inpatient hospital services are subject to subsection (c).

- 2) Rehabilitation services on an inpatient basis, for up to ten (10) days inpatient care per year. Care in a day hospital, residential non-hospital or intensive outpatient treatment mode may be substituted on a two-to-one basis for inpatient hospital services as deemed appropriate by the primary care physician. Twenty (20) individual outpatient care visits per enrollee per year as appropriate for evaluation, short-term treatment, and crisis intervention services. Group outpatient care visits may be substituted on a two-to-one basis for individual outpatient visits as deemed appropriate by the primary care physician. Prolonged rehabilitation services in a specialized inpatient or residential facility need not be a part of Basic Health Care Services.

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- j) Outpatient Rehabilitative therapy (including but not limited to: speech therapy, physical therapy, and occupational therapy directed at improving physical functioning of the member) up to sixty (60) treatments per year for conditions which are expected to result in significant improvement within two (2) months, as determined by the primary care physician; and if required by the HMO, are authorized on a prospective and timely basis by the HMO's Medical Director.

(Source: Amended at 15 Ill. Reg. 199, effective December 28, 1990)

Section 6101.140 General Provisions

- a) Every Health-Maintenance-Organization HMO, having been declared to be an entity to be regulated for the Public Good, shall take care to conduct all of its affairs within the declared Public Policy on Fair Employment. The Congress of the United States and the General Assembly of Illinois have stated that discrimination in employment based upon race, color, religion, sex or national origin is illegal. Every HMO will handle all matters relating to employment in the manner required by the Fair Employment Practices Act (Ill. Rev. Stat., 1981, Ch. 48, par. 851 et seq.), as amended, and Title VII of the Civil Rights Act of 1964, (42 U.S.C. 2000 d et seq.), or any rule or regulation promulgated pursuant to either.

- b) Every Health-Maintenance-Organization HMO will provide to every subscriber of the HMO information which generally describes the philosophy, functions and organization of the HMO and related institutions, and specific information which describes the appropriate use of the HMO's services.

(Source: Amended at 15 Ill. Reg. 199, effective December 28, 1990)

Section 6101.141 Producer Licensing Requirements

- a) HMO producer means an individual who solicits, negotiates, effects, procures, renews, or continues enrollment in an HMO. The term "HMO producer" shall not include:

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- 1) any regular salaried officer or employee of an HMO or of a licensed HMO producer, who devotes substantially all of his or her time to activities other than the solicitation of applications for HMO membership and receives no commission or other compensation directly dependent upon the business obtained and who does not solicit or accept from the public applications for membership;
- 2) employers or their officers or employees or the trustees of any employee benefit plan to the extent that such employers, officers, employees, or trustees are engaged in the administration or operation of any program of employee benefits involving the use of membership in an HMO; provided that such employers, officers, employees, or trustees are not in any manner compensated directly or indirectly by the HMO issuing such HMO membership;
- 3) banks or their officers and employees to the extent that such banks, officers, and employees collect and remit charges by charging same against accounts of depositors on the orders of such depositors.
- b) No person may act as or hold himself out to be an HMO producer after April 1, 1991 unless duly licensed in accordance with the requirements of this Part. An HMO producer doing business in this State on April 1, 1991 shall apply for an HMO producer's license within 90 days thereafter.
- c) An individual applying for an HMO producer's license shall make application on a form specified by the Department and declare under penalty of refusal, suspension or revocation of the license that the statements made in the application are true, correct and complete to the best of the individual's knowledge and belief. Before approving the application the Director shall find that the individual:
 - 1) Is at least 18 years of age,
 - 2) Has not committed any act which is a ground for denial, suspension or revocation pursuant to Section 505.1 of the Illinois Insurance Code (Ill.

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- Rev. Stat. 1989, ch. 73, par. 1065.52-1).
- 3) Has successfully passed the Class 1(b) examination as required by Section 494.1 of the Illinois Insurance Code (Ill. Rev. Stat. 1989, Ch. 73, par. 1065.41-1).
 - d) The provisions of Article XXXI of the Illinois Insurance Code (Ill. Rev. Stat. 1989, Ch. 73, pars. 1065.37-1 et seq.) and the regulations promulgated thereunder (50 Ill. Adm. Code: Chapter I, Subchapter II) shall be applicable to all HMO producers.

(Source: Added at 15 Ill. Reg. 199, effective December 28, 1990)

Section 6101.142 Limited Insurance Representative Requirements
- Public Aid and Medicare Enrollers

 - a) No person may enroll recipients of Public Aid or Medicare in an HMO, either personally or by mail, unless such person is duly licensed by the Director pursuant to this Part.
 - b) The provisions of Article XXXI of the Illinois Insurance Code (Ill. Rev. Stat. 1989, Ch. 73, pars. 1065.37-1 et seq.) and the rules promulgated thereunder (50 Ill. Adm. Code: Chapter I, Subchapter II) shall be applicable to all HMO limited insurance representatives producers.

(Source: Added at 15 Ill. Reg. 199, effective December 28, 1990)

Section 6101.160 Effective Date (Repealed)

The effective date of these Rules shall be July 17, 1976.

(Source: Repealed at 15 Ill. Reg. 199, effective December 28, 1990)

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

- 1) The Heading of the Part: Effluent Standards
- 2) The Code Citation: 35 Ill. Adm. Code 304
- 3) Section Number
304.211 Adopted Action:
Add
- 4) Statutory Authority: Ill. Rev. Stat. 1987, ch. 111 1/2, pars. 1013 and 1027
- 5) Effective Date of Amendments: December 18, 1990
- 6) Does this rulemaking contain an automatic repeal date?: No
- 7) Does this rule (amendment, repealer) contain incorporations by reference?: No
If "yes," was a copy of the approval form issued by JCAR attached to this rulemaking?

- 8) Date Filed in Agency's Principal Office: March 31, 1986

- 9) Notice(s) of Proposal Published in Illinois Register: 14 Ill. Reg. 9700, June 22, 1990.

- 10) Has JCAR issued a Statement of Objections to this (these) Rule(s)?: The Board received a Letter of No Objection on Nov. 20, 1990.

- 11) Difference(s) between proposal and final version: Monthly average limitations were deleted and the maximum effluent limitations were increased as follows:

Section 304.211 Discharges From Borden Chemicals and
Plastics Operating Limited Partnership
Into and Unnamed Tributary of Long Point
Slough

The effluent standards for total dissolved solids and chloride discharged from the Illiopolis, Illinois facility of Borden Chemicals and Plastics Operating Limited Partnership into an unnamed tributary of Long Point Slough shall comply with the following effluent limitations as measured at the point of discharge to the unnamed tributary:

POLLUTION CONTROL BOARD

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| | | |
|------------------------|-------|---|
| Total Dissolved Solids | 27500 | 3,000 mg/l daily maximum 27200 mg/l monthly average |
| Chloride | 800 | 900 mg/l daily maximum 700 mg/l monthly average |

- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR?
Yes

- 13) Will this rule (amendments, repealer) replace an emergency rule currently in effect? No

- 14) Are there any amendments pending on this Part? No

- 15) Summary and Purpose of Rule(s):

This matter comes to the Board on a petition for site-specific rulemaking filed March 31, 1986. The rulemaking relates to the Illiopolis, Illinois plant of Borden Chemicals and Plastics Operating Limited Partnership, which produces polyvinyl chloride resins, polyvinyl acetate emulsions, and polyvinyl chloride plastic film. The plant presently employs in the range of 300 people.

The wastewater effluent from Borden's plant contains elevated levels of total dissolved solids ("TDS") and chloride, largely due to wastewater from the air pollution control equipment which Borden installed to comply with the National Emission Standards for Hazardous Air Pollutants ("NESHAPS") promulgated for vinyl chloride pursuant to Section 301(a) of the Clean Air Act. The plant discharges approximately 800,000 gallons of effluent per day into an unnamed tributary, which drains into Long Point Slough, which flows into the west branch of the Old River, and then to the Sangamon River.

The primary regulation affecting this proceeding is 35 Ill. Adm. Code 302.208. That regulation provides that concentrations of TDS shall not exceed 1000 mg/l and concentrations of chloride shall not exceed 500 mg/l. The other regulatory provision of concern is 35 Ill. Adm. Code 304.105 which provides that no effluent shall, alone or in combination with other sources, cause a violation of any applicable water quality standard.

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The Board concluded that it is technically feasible, but not economically reasonable for Borden to comply with the existing standards. Therefore, the Board adopted regulatory language to provide site-specific relief to Borden. Borden, the Agency, and the DENR all generally supported adoption of amended regulatory language to provide relief to Borden.

The new language will amend Part 304; Subpart B. It will provide that the effluent standards for TDS and chloride shall be established at daily maximum limitations of 3,000 mg/l and 900 mg/l, respectively.

This regulatory proposal is intended to apply from the point of Borden's discharge in the unnamed tributary, downstream to the confluence with the Sangamon River. It is intended to insulate Borden only while the effluent discharges of TDS and chloride in the stretch of water remain within the above limitations. If either of those values is exceeded, Borden would be subject to enforcement, or additional permit controls.

- 16) Information and questions regarding this adopted rule shall be directed to:

Margaret Dolan Fliss
100 W. Randolph Street
State of Illinois Center
Suite 11-500
Chicago, IL 60601
(312) 814-6062

The full text of the adopted rule(s) begins on the following page:

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE C: WATER POLLUTION
CHAPTER I: POLLUTION CONTROL BOARD

PART 304
EFFLUENT STANDARDS

SUBPART A: GENERAL EFFLUENT STANDARDS

| Section | |
|---------|---|
| 304.101 | Preamble |
| 304.102 | Dilution |
| 304.103 | Background Concentrations |
| 304.104 | Averaging |
| 304.105 | Violation of Water Quality Standards |
| 304.106 | Offensive Discharges |
| 304.120 | Deoxygenating Wastes |
| 304.121 | Bacteria |
| 304.122 | Nitrogen (STORET number 00610) |
| 304.123 | Phosphorus (STORET number 00665) |
| 304.124 | Additional Contaminants |
| 304.125 | pH |
| 304.126 | Mercury |
| 304.140 | Delays in Upgrading (Repealed) |
| 304.141 | NPDES Effluent Standards |
| 304.142 | New Source Performance Standards (Repealed) |

SUBPART B: SITE SPECIFIC RULES AND EXCEPTIONS
NOT OF GENERAL APPLICABILITY

| Section | |
|---------|--|
| 304.201 | Wastewater Treatment Plant Discharges of the Metropolitan Sanitary District of Greater Chicago |
| 304.202 | Chlor-alkali Mercury Discharges in St. Clair County |
| 304.203 | Copper Discharges by Olin Corporation |
| 304.204 | Schoenberger Creek: Groundwater Discharges |
| 304.205 | John Deere Foundry Discharges |
| 304.206 | Alton Water Company Treatment Plant Discharges |
| 304.207 | Galesburg Sanitary District Deoxygenating Wastes Discharges |
| 304.208 | City of Lockport Treatment Plant Discharges |
| 304.209 | Wood River Station Total Suspended Solids Discharges |
| 304.210 | Alton Wastewater Treatment Plant Discharges |
| 304.211 | Discharges From Borden Chemicals and Plastics Operating Limited Partnership Into an Unnamed Tributary of Long Point Slough |
| 304.212 | Sanitary District of Decatur Discharges |
| 304.213 | Union Oil Refinery Ammonia Discharge |
| 304.214 | Mobil Oil Refinery Ammonia Discharge |

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- 304.215 City of Tuscola Wastewater Treatment Facility Discharges
- 304.216 Newton Station Suspended Solids Discharges
- 304.218 City of Pana Phosphorus Discharge
- 304.219 North Shore Sanitary District Phosphorus Discharges
- 304.220 East St. Louis Treatment Facility, Illinois-American Water Company
- 304.221 Ringwood Drive Manufacturing Facility in McHenry County
- 304.222 Intermittent Discharge of TRC
- SUBPART C: TEMPORARY EFFLUENT STANDARDS
- Section
- 304.301 Exception for Ammonia Nitrogen Water Quality Violations
- 304.302 City of Joliet East Side Wastewater Treatment Plant

APPENDIX A References to Previous Rules

AUTHORITY: Implementing Section 13 and authorized by Section 27 of the Environmental Protection Act (Ill. Rev. Stat. 1989, ch. 111, pars. 1013 and 1027).

SOURCE: Filed with the Secretary of State January 1, 1978; amended at 2 Ill. Reg. 30, p. 343, effective July 27, 1978; amended at 2 Ill. Reg. 44, p. 151, effective November 2, 1978; amended at 3 Ill. Reg. 20, p. 95, effective May 17, 1979; amended at 3 Ill. Reg. 25, p. 190, effective June 21, 1979; amended at 4 Ill. Reg. 20, p. 53, effective May 7, 1980; amended at 6 Ill. Reg. 563, effective December 24, 1981; codified at 6 Ill. Reg. 7818; amended at 6 Ill. Reg. 11161, effective September 7, 1982; amended at 6 Ill. Reg. 13750, effective October 26, 1982; amended at 7 Ill. Reg. 3020, effective March 4, 1983; amended at 7 Ill. Reg. 8111, effective June 23, 1983; amended at 7 Ill. Reg. 14515, effective October 14, 1983; amended at 7 Ill. Reg. 14910, effective November 14, 1983; amended at 8 Ill. Reg. 1600, effective January 18, 1984; amended at 8 Ill. Reg. 3687, effective March 14, 1984; amended at 8 Ill. Reg. 8237, effective June 8, 1984; amended at 9 Ill. Reg. 1379, effective January 21, 1985; amended at 9 Ill. Reg. 4510, effective March 22, 1985; preemptory amendment at 10 Ill. Reg. 456, effective December 23, 1985; amended at 11 Ill. Reg. 3117, effective January 28, 1987; amended in R84-13 at 11 Ill. Reg. 7291, effective April 3, 1987; amended in R86-17(A) at 11 Ill. Reg. 14748, effective August 24, 1987; amended in R84-16 at 12 Ill. Reg. 2445, effective January 15, 1988; amended in R83-23 at 12 Ill. Reg. 8658, effective May

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- 10, 1988; amended in R87-27 at 12 Ill. Reg. 9905, effective May 27, 1988; amended in R82-7 at 12 Ill. Reg. 10712, effective June 9, 1988; amended in R85-29 at 12 Ill. Reg. 12064, effective July 12, 1988; amended in R87-22 at 12 Ill. Reg. 13966, effective August 23, 1988; amended in R86-3 at 12 Ill. Reg. 20126, effective November 16, 1988; amended in R84-20 at 13 Ill. Reg. 851, effective January 9, 1989; amended in R85-11 at 13 Ill. Reg. 2060, effective February 6, 1989, amended in R88-1 at 13 Ill. Reg. 5976, effective April 18, 1989; amended in R86-17(B) at 13 Ill. Reg. 7754, effective May 4, 1989; amended in R88-22 at 13 Ill. Reg. 8880, effective May 26, 1989; amended in R87-6 at 14 Ill. Reg. 6777, effective April 24, 1990; amended in R87-36 at 14 Ill. Reg. 9437, effective May 31, 1990; amended in R88-21(B) at 14 Ill. Reg. 12538, effective July 18, 1990; amended in R84-44 at 14 Ill. Reg. 28719, effective Dec. 11, 1990; amended in R86-14 at 15 Ill. Reg. 241, effective December 18, 1990.

Section 304.211 Discharges From Borden Chemicals and Plastics Operating Limited Partnership Into an Unnamed Tributary of Long Point Slough

The effluent standards for total dissolved solids and chloride discharged from the Illiopolis, Illinois facility of Borden Chemicals and Plastics Operating Limited Partnership into an unnamed tributary of Long Point Slough shall comply with the following effluent limitations as measured at the point of discharge to the unnamed tributary:

Total Dissolved Solids 3,000 mg/l daily maximum

Chloride 900 mg/l daily maximum

(Source: Added at 15 Ill. Reg. 241, effective Dec. 18, 1990)

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: The Professional Engineering Practice Act of 1989
- 2) Code Citation: 68 Ill. Adm. Code 1380
- 3) Section Numbers: Adopted Action:
- | | |
|------------|---------|
| 1380.210 | Amended |
| 1380.220 | Amended |
| 1380.230 | Amended |
| 1380.240 | Amended |
| 1380.250 | Amended |
| 1380.260 | Amended |
| 1380.270 | Amended |
| 1380.280 | Amended |
| 1380.285 | Added |
| 1380.290 | Amended |
| 1380.300 | Amended |
| 1380.310 | Amended |
| 1380.320 | Amended |
| Appendix A | Amended |
- 4) Statutory Authority: Ill. Rev Stat. 1989, ch. 111, pars. 5205, 5207-5213, 5216-5219, 5223, 5224, 5234
- 5) Effective Date of Amendments: December 28, 1990
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Do these Amendments contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: December 31, 1990
- 9) Date Notice of Proposal Published in Illinois Register: May 18, 1990, 14 Ill. Reg. 7346
- 10) Has ICAR issued a Statement of Objections to these amendments? No
- 11) Difference(s) between proposal and final version:

Pursuant to comments received from ICAR, statutory references and dates were corrected as well as grammar and punctuation errors.

Section 1380.210(a)(3)(K) was clarified by inserting "engineering" before "program" and deleting "into the entire curriculum."

Section 1380.260(f)(2) was deleted since it was a restatement of 1380.260(f)(1) and thus, redundant.

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

Section 1380.270(e) was clarified and now reads: "If an applicant is denied restoration under subsection (c)(4), the applicant's license may be restored by taking and passing Part II of the examination as provided in Section 1380.260."

In Section 1380.290, subsection (f) was out of order. It was moved and renumbered as Section 1380.290(a)(5). Also in Section 1380.290, "and submitting a current listing of professional engineers licensed in Illinois that are employed by the firm" was deleted. The listing of all employees was deleted based on Department discussion with the Board.

A conflict was removed from Sections 1380.320(a) and (b) by clarifying the Director's authority to grant variances from these rules and his responsibility to notify the Board of such actions.

12) Have all the changes agreed upon by the Agency and ICAR been made as indicated in the agreement letter issued by ICAR? Yes

13) Will these Amendments replace an Emergency Amendment currently in effect? No

14) Are there any Amendments pending on this Part? No

15) Summary and Purpose of Amendments: This rulemaking implements the rewrite of The Professional Engineering Practice Act of 1989. It modifies the standards for approved engineering programs with respect to faculty, curriculum and facilities.

The amendments require applicants for enrollment as an Engineer-Intern or for licensure as a Professional Engineer by examination, in part, to have the experience completed prior to applying to the Department. The experience must be under the supervision of a professional engineer who verifies the number of years during which the applicant was doing work at a professional level.

Examination filing deadlines for Engineer Interns, formerly called engineers-in-training, are December 15 for the spring examination and June 15 for the fall examination.

Section 1380.285 is added to detail how a licensed professional engineer can place his license on inactive status.

Language has been added to the Endorsement section to clarify experience requirements and to require applicants to submit a work history on forms provided by the Department.

The section pertaining to Corporations has been modified to include Partnerships and sets forth additional requirements for a license to practice professional engineering as a corporation or partnership. A renewal period also has been added for corporations and partnerships.

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

- 16) Information and questions regarding this amended part shall be directed to:

Department of Professional Regulation
Attention: Jean Courtney
320 West Washington, 3rd Floor
Springfield, Illinois 62786
217/785-0800

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1380

ILLINOIS THE PROFESSIONAL ENGINEERING PRACTICE ACT OF 1989

Section

| | |
|-----------------|--|
| 1380.210 | Approved Engineering Program |
| 1380.220 | Definition of Degree in Basic Engineering or Related Science |
| 1380.230 | Approved Experience |
| 1380.240 | Application for Enrollment as an Engineer Intern in Training (EIT) by Examination |
| 1380.250 | Application for <u>Licensure Registration</u> as a Professional Engineer by Examination |
| 1380.260 | Examination |
| 1380.270 | Restoration |
| 1380.280 | Endorsement |
| 1380.285 | Inactive Status |
| 1380.290 | Corporations and Partnerships |
| 1380.300 | Standards of Professional Conduct |
| 1380.310 | Renewals |
| 1380.320 | Granting Variances |
| 1380 Appendix A | Significant Dates for the Administration of Section 19.9(4) of the Act - Endorsement |

AUTHORITY: Implementing The Professional Engineering Practice Act of 1989 (~~Public Act 86-667, effective January 4, 1990~~) (Ill. Rev. Stat. 1989, Ch. 111, par. 5201 et seq.) and authorized by Section 60(7) of The Civil Administrative Code of Illinois (Ill. Rev. Stat. 1989 1987, ch. 127 par. 60(7)).

SOURCE: Rules and Regulations Promulgated for the Administration of the Illinois Professional Engineering Act, effective March 10, 1976; codified at 5 Ill. Reg. 11055; amended at 5 Ill. Reg. 14171, effective December 3, 1981; emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 7448, effective June 15, 1982; Part repealed at 9 Ill. Reg. 10038, effective June 18, 1985; new Part adopted at 9 Ill. Reg. 10040, effective June 18, 1985; amended at 10 Ill. Reg. 19507, effective November 5, 1986; amended at 11 Ill. Reg. 8767, effective April 20, 1987; recodified from Chapter I, 68 Ill. Adm. Code 380 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1380 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 2942; amended at 15 Ill. Reg. 247, effective December 28, 1990.

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Section 1380.210 Approved Engineering Program

a) The Department of Professional Regulation shall, upon the recommendation of the State Board of Professional Engineers (the "Board") Professional Engineering Examining Committee (the Committee), approve an engineering program as reputable and in good standing if it meets the following minimum criteria:

1) The educational institution is legally recognized and authorized by the jurisdiction in which it is located to confer a baccalaureate the appropriate degree in engineering.

2) Faculty.

A) Has a faculty which is comprised of a sufficient number of full-time, or full-time equivalent, instructors to make certain that the educational obligations to the student are fulfilled. A program at the basic level shall have no fewer than three full-time faculty members whose primary commitment is to that program. If an institution relies on part-time faculty members, it shall demonstrate that, in addition to the commitment of at least 3 full-time equivalent faculty members, effective mechanisms are in place to provide adequate levels of student advising and faculty interaction, and faculty control over the curriculum. The faculty must have demonstrated competence in their area of teaching as evidenced by appropriate degrees from reputable professional colleges or institutions.

B) The faculty shall have demonstrated competence in their area of teaching as evidenced by appropriate degrees from professional colleges or institutions. Other evidence of faculty capability includes non-academic engineering experience, experience in teaching, ability to communicate effectively, participation in professional, scientific and other learned societies, licensure as a professional engineer and an interest in students' curricular activities. The faculty must be given sufficient time for research and professional development.

C) Teaching loads shall allow time for research and professional development activities. Stimulation of students' minds requires faculty involvement in scientific and technological development and in instructional innovation.

3) Curriculum.

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2) A) Has a curriculum of at least 4 academic years leading to the awarding of the baccalaureate degree, which provides integration of the educational experience with the ability to apply the knowledge gained to the identification and solution of practical problems directed toward the development of the ability to apply knowledge to the identification and solution of practical problems.

A) Basic science must include not only Physics and Chemistry, but also subjects from the areas of life and earth sciences.

B) Engineering sciences and additional sciences must apply the fundamentals required from the study of mathematics and basic sciences and carry that knowledge further toward creative application.

C) Engineering design requirements must be established in recognition of the need to orient the student toward the solution of the engineering problems of society.

D) Appropriate laboratory experience, as determined by the individual institution, should be included in the program of each student.

E) B) Curriculum- The overall curriculum shall include a minimum of 120 semester hours or their equivalent (e.g., 180 quarter hours) and shall include at least the following subjects:

Mathematics (beyond trigonometry) - 15-18 hours.

Basic Sciences (Physics/Chemistry) - 15-18 hours.

Engineering Sciences - 30-36 hours.

Engineering Design - 15-18 hours.

Humanities/Social Sciences - 15-18 hours.

C) Mathematics shall be beyond trigonometry, and include differential and integral calculus, and differential equations at the baccalaureate level. Mathematics shall also include, but shall not be limited to, the study of probability, statistics, numerical analysis, and advanced calculus. Courses in computer usage and/or programming shall not be used to satisfy the mathematics requirement.

D) Basic sciences shall include basic physics and chemistry, and may also include life sciences, earth sciences, and/or advanced physics and chemistry, as appropriate to the engineering discipline being studied.

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- E) Engineering sciences have their roots in mathematics and basic sciences, but carry the knowledge toward creative application. Such subjects include, but are not limited to, mechanics, thermodynamics, electric and electronic circuits, material science, and other subjects depending upon the engineering discipline.
- F) Engineering design involves the conversion of resources to predetermined objectives. Course requirements shall include the establishment of objectives and criteria, synthesis, analysis, construction, testing and evaluation which develop student creativity through open-ended problems and consideration of alternative solutions. The inclusion of realistic constraints, such as economic factors, safety, aesthetics, ethics, and social impact is appropriate. Examples of subjects in these areas include design of circuits, machines, power networks, process equipment and systems, and water treatment.
- G) Humanities and social sciences are, respectively, the branches of knowledge that concern man and his culture, and that concern individual relationships in and to society. Examples of subjects in these areas are philosophy, history, literature, fine arts, religion, sociology, psychology, political science, economics, and foreign languages (other than a student's native language). Non-traditional courses might include social responsibility and professional ethics. Subjects such as accounting and management may be acceptable engineering electives, but do not satisfy the objectives of this area.
- H) Laboratory experience is essential to an engineering education at both theoretical and practical levels.
- I) Computer-based experience shall be included in the program of each student. The program shall include technical computations, problem solving, data acquisition and usage, process control, and computer-assisted design. The student shall have access to computational facilities in order to integrate these techniques into the program.
- J) The program shall require that the student demonstrate competency in both written and oral communication.
- K) An understanding of ethical, social, economic, and safety considerations shall be included in the engineering program.

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- L) For those institutions that elect to prepare a student to enter the profession at the advanced level, the curriculum shall satisfy the criteria set forth in this Section at the basic level, and shall include at least one year of additional study. That year shall include at least 2/3 of a year of advanced mathematics, basic sciences, engineering sciences, and engineering design. Of this component, at least 1/3 of a year shall be devoted to engineering design. The program shall be designed toward a meaningful individual course of study, and include thesis, research, and/or special projects.
- M) ~~Has an extensive graduate program with an emphasis on research and special projects, which allows for interaction with the undergraduate population.~~
- N) Facilities.
- O) A) The laboratory facilities shall ~~meet~~ reflect the requirements of the offered educational program. The laboratory should provide for individual project work by the students and the faculty. The facilities shall ~~meet~~ be equipped, ~~in the judgment of the institution~~, with instruments and scientific equipment of a kind and quality to ensure the effective functioning of the laboratory.
- B) The libraries in support of the engineering program shall be both technical and nontechnical, to include books, journals, and other reference material for collateral reading in connection with the instructional and research programs and professional work. The library collection shall reflect the existence of an active acquisition policy; this policy shall include specific acquisitions on the request and recommendation of the faculty of the engineering program. There shall be computer-accessible information centers and inter-library loan services for both books and journals. The library collections, whether centralized or decentralized, shall be readily available for use with the assistance of a trained library staff, or through an open-stack arrangement, or both. The library must contain sufficient technical and nontechnical books, in the judgment of the institution, for the educational program and for the number of faculty and students. ~~The collection should go well beyond the minimum required collection and should be readily available for use by the students and faculty.~~
- C) There shall ~~meet~~ be computer facilities accessible to the engineering students and faculty.

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- 6) 5) The institution shall maintain permanent student records that summarize the credentials for admission, attendance, grades and other records of performance.
- b) In determining whether a program should be approved, the Department shall take into consideration but not be bound by accreditation by the Accreditation Board for Engineering and Technology or by the Canadian Engineering Accrediting Board.
- c) The Department, upon the recommendation of the Board Professional Engineering-Examining-Committee, has determined that all engineering programs accredited by the Engineering Accreditation Commission of the Accreditation Board for Engineering and Technology and the Canadian Engineering Accrediting Board as of January 1, 1982, meet the minimum criteria set forth in subsection (a), above, for an approved engineering program and are, therefore, approved.
- d) Procedures for Withdrawal of Program Approval.
 - 1) The following are grounds for withdrawal of approval disapproval of an engineering program or a program leading to a degree in basic engineering.
 - A) Non-compliance with Violations of any provisions of the Illinois Professional Engineering Practice Act of 1989 (Public Act-86-667, effective January 1, 1990) (Ill. Rev. Stat. 1989, ch.111, par. 5201 et seq.) (the "Act");
 - B) Non-compliance with Violations of any provision of this Part;
 - C) Fraud or dishonesty in furnishing documentation for evaluation of the program; or
 - D) Failure to continue to meet the criteria of an approved program as set out in this Section.
 - 2) If the Board Committee has reason to believe there has been any fraud or dishonesty in the furnishing of any documentation for the evaluation of a program on the part of any licensee, it shall refer such matter to appropriate Department personnel for any disciplinary action which might be appropriate under the Act.
 - 3) A program whose approval is being reconsidered by the Department shall be given 15 days written notice prior to any recommendation by the Board Committee and may either submit written comments or request a hearing before the Board Committee.
 - e) Evaluation of Newly Submitted Programs.

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- 1) An educational institution with applicant from a program that has not been evaluated will cause to be forwarded to the Department documentation concerning the criteria in this Section.
- 2) Once the Department has received the documentation or after 6 months have elapsed from the date of application, whichever is later, the Board Committee will evaluate the program based on all documentation received from the school and any additional information the Department has received which will enable the Board Committee to evaluate the program based on the criteria specified in this Section.
- 3) For purposes of Section 12(c)(1) of the Act, an approved graduate engineering program shall:
 - 1) Grant a Doctor of Philosophy or Doctor of Science degree;
 - 2) Be in a curriculum from an institution with an engineering program which has at least one curriculum for a baccalaureate degree that is approved in accordance with Section 1380.210(a) of this Part; and
 - 3) Include the following minimum requirements:
 - A) Completion of at least 64 semester hours, or 96 quarter hours, including hours earned toward the master's degree requirements.
 - B) Passing of a preliminary examination.
 - C) Completion of at least an additional 32 semester hours, or 48 quarter hours of thesis research.
 - D) Passing of a final examination.

(Source: Amended at 15 Ill. Reg. 247, effective December 28, 1990)

Section 1380.220 Definition of Degree in Basic Engineering or Related Science

- a) The educational institution shall be legally recognized and authorized by the jurisdiction in which it is located to confer a baccalaureate degree in engineering or related science.
- b) A Degree in Basic Engineering or Related Science is a 4 four-year curriculum resulting in a baccalaureate degree that includes courses in at least the following subjects which shall include a minimum of 120 semester hours, or their equivalent (e.g., 180 quarter hours) and shall include at least the following subjects for the noted semester hours or their equivalent:

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1) Basic Engineering

Mathematics (beyond trigonometry) - 15-18 hours,
Basic Sciences (Physics and Chemistry) - 15-18 hours,
Additional Sciences - 30-36 hours,
Engineering Sciences and/or Design - 10-12 hours,
Humanities and/or Social Sciences - 15 hours.

b) ~~A baccalaureate degree in science must have resulted from a four-year program in a science related to the bases of engineering such as Chemistry, Physics or Mathematics.~~

2) Related Science (Chemistry, Physics, and/or Mathematics)

Mathematics (beyond trigonometry) - 15-18 hours,
Basic Sciences (Physics/Chemistry) - 15-18 hours,
Additional Sciences - 40-48 hours,
Humanities and/or Social Sciences - 15 hours.

c) The educational curriculum described above shall be evaluated as of the date of the awarding of the baccalaureate degree except as provided in subsection (d) below. Additional hours required to earn the baccalaureate degree shall provide the laboratory and computer-based experience, the communication skills and the understanding of ethical, social, economic and safety considerations required of an approved engineering program as provided for in Section 1380.210. Educational credit shall be evaluated as of the date of the awarding of the baccalaureate degree.

d) In evaluating the acceptability of an applicant's basic engineering or related science curriculum of a baccalaureate degree, the Board Committee shall consider courses taken to attain a graduate degree in engineering and/or additional applicable advance course credits in mathematics, science or engineering as education, when the course-work of an applicant with a baccalaureate degree fails to satisfy the requirements of subsection either Section 1380.220(a) or Section 1380.220(b) above. Not more than 15 hours may be made up in mathematics and basic sciences. Education considered in this manner shall may not also be credited as engineering experience.

e) The Department, upon the recommendation of the Board Professional Engineering-Examining Committee, has determined that educational credit leading to a degree in engineering technology does not meet the requirements for basic engineering or related science in accordance with this under Section 9(2) of the Illinois Professional Engineering Act.

f) ~~The provisions of this Section apply to all applicants upon adoption without regard to where an applicant is in the application process.~~

(Source: Amended at 15 Ill. Reg. 247, effective December 28, 1990.)

Section 1380.230 Approved Experience

a) Each individual application shall be reviewed by the Board Committee to determine if the applicant's submitted experience necessary for licensure meets the requirements for licensure may be earned in the manner described in this Section below. All experience, except under subsections (a)(3) and (a)(4) below, shall must have been acquired after receipt of the baccalaureate degree except as provided in subsection (3) and (4) below.

1) Credit for one year of experience shall be given for completion of graduate study resulting in a master's degree in engineering, except as credited under Section 1380.220(d).

2) Credit for 2 two years of experience shall be given for completion of graduate study resulting in a doctor's degree in engineering. The maximum credit for graduate study shall be 2 years, except as credited under Section 1380.220(d).

3) Credit for one year of experience shall be given for a graduate of a university certified program providing a cooperative program, which is a supervised industrial or field experience of at least one calendar year which alternates with periods of full-time academic training.

4) ~~As provided for in Section 8(b)(2) of the Act, Credit for experience shall be given for professional engineering experience earned PRIOR TO receipt of a baccalaureate degree shall be given if the experience is full-time and if the applicant takes 8 eight or more years to earn the degree as a part-time student.~~

5) Experience shall be under the supervision of a professional engineer who verifies the number of years during which the applicant was doing work at a professional level, and the manner in which the work prepares the applicant for licensure as a professional engineer.

6) Credit for all necessary experience or any remaining experience shall only be given for actual experience in the practice of professional engineering. Such experience shall must be within the definition of the practice as set forth in Section 4(2) of the Act, shall must require the application of technical knowledge and professional engineering principles, and shall

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~~must become progressively more complex. In at least the last two years of experience, the applicant shall have had must have directed the work with responsibility for the accomplishment of the work--including decisions--on--questions--or--methods--of--execution--and--suitability--of materials.~~

- b) While an applicant may receive either experience credit, education credit or both, he may not receive more than one year's total credit for any one year; (i.e., overlapping experience and education will be credited to one or the other category but not both).
- c) ~~The provisions of this Section apply to all applicants upon adoption without regard to where an applicant is in the application process.~~

(Source: Amended at 15 Ill. Reg. 247, effective December 28, 1990)

Section 1380.240 Application for Enrollment as an Engineer Intern in Training (EFF) by Examination

~~Required Documents for Application:~~

- a) 1) An applicant for enrollment as an Engineer Intern in Training shall file an application on forms supplied by the Department by December 15 for the spring examination or by June 15 for the fall examination at least 90 days PRIOR TO AN EXAMINATION DATE. The application shall include:

- 1) A) Either:
 - A) i) Completed college certification form showing receipt of a baccalaureate Bachelor of Science degree from an approved engineering program as set forth in Section 1380.210 of this Part; or
 - B) ii) Completed college certification form showing receipt of a baccalaureate Bachelor of Science degree in basic engineering or related science evidenced by an official transcript of educational credit, and verification of at least 4 years of completed experience certification on form(s), completed by indicating the supervisor of the required four years of experience. An applicant shall have acquired the experience required by this Section PRIOR TO applying to the Department;

- 2) B) The required fee specified in Section 20.27 of the Act;
- 3) C) For an applicant claiming credit for participation in a cooperative program, as described in Section 1380.230(a)(3), certification of such participation with a brief description of the program, from the university;

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- 4) A complete work history indicating all employment since receipt of a baccalaureate degree. Such work history shall also include any experience earned PRIOR TO receipt of a baccalaureate degree pursuant to Section 8(b)(2) of the Act.

- b) 2) An applicant in an approved engineering program shall be eligible to be seated for the first available Fundamentals of Engineering examination during the 12 twelve months prior to graduation if the applicant provides a certification stating sworn statement that he is expected to graduate by the end of that twelve-month period. The applicant shall be allowed to retake the examination during that 12 twelve-month period if he fails on the first attempt. However an applicant who passes the Fundamentals of Engineering examination prior to graduation will not be enrolled as an Engineer Intern in Training until the Department has received certification of graduation, as required by subsection (a)(1)(A)(B)(4), above. If certification of graduation is not received within one year after the first examination is taken, the results of the examination(s) will be void and the examination will have to be retaken.

- b) c) Upon receipt of the application and all supporting documentation in complete order:

- 1) Persons with degrees from an approved engineering program will be notified of their eligibility to register for Part I of the examination;
- 2) The files of persons with degrees in basic engineering or related science will be presented to the Board Committee for evaluation of the required experience and/or education based on the criteria specified in Sections 1380.220 and 1380.230. Once the applications have been approved, those persons will be notified of their eligibility to register for Part I of the examination, examination filing deadline and the required examination fee as provided for in Section 20 of the Act.

(Source: Amended at 15 Ill. Reg. 247, effective December 28, 1990)

Section 1380.250 Application for Licensure Registration as a Professional Engineer by Examination

- a) Applicant enrolled as an Engineer Intern in Training (EFF)

- 1) An applicant shall have acquired all experience required by Section 1380.240 PRIOR TO making application to the Department.

- 2) An applicant for licensure registration as a professional engineer who is enrolled as an Engineer Intern EFF shall file an application on forms supplied by the Department by December 15 for the spring examination

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or by June 15 for the fall examination at least 90 days prior to an examination date. The application shall include, in addition to the requirements of Section 8-14 of the Act, the following:

A) Completed experience verification certification form(s) completed by the supervisor, indicating the required 4 years of experience earned. For Engineer Interns who enrolled elsewhere with a degree in basic engineering or related science, experience verification certification forms shall be completed for the entire 8 years of required experience; except as provided in subsection (c) below;

B) For persons who were certified or enrolled as an Engineer Intern or Engineer-in-training in another state or territory:

i) A certification of such enrollment from the appropriate state board, including the date of the examination; and

ii) Completed college certification form showing degree received and, if the degree was not received from an approved engineering program, an official transcript of educational credit;

C) The required fee specified in Section 20-27 of the Act.

D) For an applicant claiming credit for participation in a cooperative program, as described in Section 1380.230(a)(3), certification of such participation with a brief description of the program, from the university.

E) A complete work history indicating all employment since receipt of a baccalaureate degree. Such work history shall also include any experience earned prior to receipt of a baccalaureate degree pursuant to Section 8(b)(2) of the Act.

2) Upon receipt of the application and all supporting documentation in complete order, the applicant's file will be presented to the Board Committee for evaluation of the required education and experience as specified in Sections 1380.210, 1380.220 and 1380.230. Once the application has been approved, those persons will be notified of their eligibility to register for Part II of the examination, examination filing deadline and the required examination fee as provided for in Section 20 of the Act.

b) Applicant not enrolled as an Engineer Intern -in-Training

1) An applicant shall have acquired all experience as required in Section 1380.240 PRIOR TO making application to the Department.

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1) An applicant for registration as a professional engineer who is not enrolled or certified as an Engineer Intern -in-Training shall file an application on forms supplied by the Department by December 15 for the spring examination or by June 15 for the fall examination at least 90 days prior to an examination date. The application shall include, in addition to the requirements of Section 8-14 of the Act, the following:

A) Either:

i) A degree from approved Engineering Program. Completed college certification form showing receipt of a baccalaureate Bachelor-of-Science degree from an approved engineering program, and completed experience verification certification form(s) completed by the supervisor, indicating the required 4 years of experience; except as provided in subsection (c) below; or

ii) A degree in Basic Engineering or Related Science. Completed college certification form showing receipt of a baccalaureate Bachelor-of-Science degree in basic engineering or related science; an official transcript of educational credit; and completed experience verification certification form(s) completed by the supervisor, indicating the required 8 years of experience; except as provided in subsection (c) below;

B) The required fee specified in Section 20-27 of the Act; and

C) For an applicant claiming credit for participation in a cooperative program, as described in Section 1380.230(a)(3), certification of such participation with a brief description of the program, from the university.

D) A complete work history indicating all employment since receipt of a baccalaureate degree. Such work history shall also include any experience earned PRIOR TO receipt of a baccalaureate degree pursuant to Section 8(b)(2) of the Act.

E) In addition to meeting the requirements in this subsection, an applicant seeking waiver of the fundamentals of engineering examination pursuant to Section 12(c) of the Act shall hold a doctoral degree from a graduate engineering program approved in accordance with Section 1380.210(f) and shall have demonstrated a broad knowledge of the fundamentals of engineering by successfully completing course work including 10 of the following subjects:

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- i) Calculus
- ii) Differential Equations
- iii) Chemistry
- iv) Physics
- v) Statics
- vi) Dynamics
- vii) Materials Science or Structure of Matter
- viii) Mechanics of Materials
- ix) Electrical Circuits
- x) Fluid Mechanics
- xi) Thermodynamics
- xii) Engineering Economics

2) Upon receipt of the application and all supporting documentation in complete order, the applicant's file will be presented to the Board Committee for evaluation of education and the required experience as specified in Sections 1380.210, 1380.220 and 1380.230. Once the application has been approved, those persons will be notified of their eligibility to register for both Part I and Part II of the examination, examination filing deadline, and the required examination fee as provided for in Section 20 of the Act.

e) Applicant lacking final 4 months of experience

1) An applicant who has completed all but 4 months or less of his required experience by the final filing deadline for a particular examination will be permitted to sit for that examination.

2) No license shall be issued to the applicant until the Department receives a completed experience certification form verifying the actual completion of the required experience. If the verification is not received within 90 days after the examination is taken, the results of the examination will be void.

(Source: Amended at 15 Ill. Reg. 247, effective December 28, 1990)

Section 1380.260 Examination

a) The examination for licensure registration as a professional engineer shall be divided into two Parts, which shall be each Part being 8 hours in duration. If an applicant wishes only to be enrolled as an Engineer-in-Training Intern, and if he otherwise qualifies under Section 1380.240, he shall be required to take only Part I of the examination.

1) Part I - Fundamentals of Engineering Examination shall consist of problems or other examining techniques designed to evaluate the

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applicant's knowledge of the basic and engineering sciences and related subjects normally considered as the fundamentals of an engineering education.

2) Part II - Principles and practice of Engineering Examination shall consist of problems or other examining techniques relating to designs in or to the practice of professional engineering as described in Section 4(a) 2 of the Act.

b) The examination administered by the Department shall be provided by the National Council of Examiners for Engineering and Surveying (NCEES). The specific examination content shall be as determined by periodic evaluations of the test specifications by NCEES.

b) c) Part I of the examination will be waived for an applicant who is licensed registered as a structural engineer and who received such license his registration by passing the fundamentals of engineering 16-hour-written examination administered under the Illinois Structural Engineering Licensing Act of 1989 (Public Act 86-741, effective January 1, 1990) (Ill. Rev. Stat. 1989 1985, ch. 111, par. 6601.6501 et seq.).

e) d) The scoring of the examinations and determination of scores shall be as approved by NCEES. Separate scores shall be given for Part I and Part II. The passing score on each Part shall be 70. An applicant must score at least 70 on a Part to pass that Part.

d) e) An applicant who sits for both Parts I and II of the examination and passes only Part I shall be eligible to be enrolled as an Engineer Intern in Training.

e) f) Retake of Examination.

1) Applicants shall be required to retake only the Part(s) on which a passing score was not achieved.

2) Once an applicant has passed Part I of the examination and is eligible to be enrolled as an Engineer-in-Training, he will not be again required to take and pass Part I.

2) An applicant who takes an examination, but fails a Part(s), will be given two additional opportunities to pass the Part(s) within 25 months after the first failure. After each time, the applicant will be required to file a new application and retake the entire examination subject to the provisions of subsection (2) above. If an applicant neglects, fails without an approved excuse, or refuses to take the next available examination offered for licensure under this Act within 3 years after filing the application, the fee paid by the

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~~applicant shall be forfeited and the application denied. If an applicant fails to pass an examination for licensure under this Act within 3 years after filing the application, the application shall be denied. However, such applicant may thereafter make a new application for examination, accompanied by the required fee (Section 9(b) of the Act). New applications shall include proof of meeting the qualifications for examination in effect at the time of such new application except as provided in subsection (g).~~

- f) Successful scores of previously passed Parts of the examination shall be accepted ~~combined~~ for the purposes of licensure ~~registration~~ provided the applicant has met all other requirements for licensure ~~registration~~ as outlined in the Act. For such purposes, the most recent score on a Part(s) shall be the score of record. In no circumstances shall the Department accept a previous passing score on a Part(s) for an applicant whose score of record is a failing score.

- g) ~~Upon adoption, the provisions of this Section shall apply to all applicants regardless of where the application is in the application process.~~

(Source: Amended at 15 Ill. Reg. 247, effective December 28, 1990.)

Section 1380.270 Restoration

- a) A licensee ~~registrant~~ seeking restoration of his license ~~certificate of registration~~ which has expired for less than 5 five years shall have his license ~~certificate~~ restored upon application to the Department and payment of the required fees specified in Sections 17 and 20 27 of the Act.
- b) A licensee ~~registrant~~ seeking restoration of his license ~~certificate of registration~~ which has been placed on inactive status for less than 5 five years shall have his certificate restored upon application to the Department and payment of the current renewal fee specified in Sections 17 and 20 27 of the Act.
- c) A licensee ~~registrant~~ seeking restoration of his license ~~certificate of registration~~ after it has expired or been placed on inactive status for more than 5 five years shall file an application, on forms supplied by the Department for review by the Board, together with the fee required by Sections 17 and 20 27 of the Act. ~~As specified in Section 14.1 of the Act, a registrant restoring from inactive status shall pay the current renewal fee. The licensee registrant shall also submit either:~~

- 1) Sworn evidence of active practice in another jurisdiction for at least the last 2 two years. Such evidence shall include a statement from

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the appropriate board or licensing authority in the other jurisdiction that the licensee ~~registrant~~ was authorized to practice during the term of said active practice;

- 2) An affidavit attesting to military service as provided in Section 17 14 of the Act. If application is made within 2 years of discharge, and if all other provisions of Section 17 of the Act are satisfied, the applicant will not be required to pay a restoration fee or any lapsed renewal fees;
- 3) Proof of passage of Part II of the examination provided in Section 1380.260 within the 5 years preceding restoration; or
- 4) Other evidence of continued competence in professional engineering. ~~Other such evidence shall include, but not be limited to show that he has:~~
- A) ~~Been employed~~ Employment in a responsible capacity by a licensed registered professional engineer as determined by the Board Committee;
- B) ~~Been an officer or~~ Lawfully practicing professional engineering as an employee of a governmental agency the United States government as a professional engineer;
- C) ~~Been t~~ Teaching professional engineering in a college or university; or
- D) Attendance at Attended educational programs in professional engineering or a related field, including, but not limited to, attendance at graduate level engineering courses, professionally oriented continuing education classes, or special seminars; ~~or any other similar program.~~

- d) When the accuracy of any submitted documentation, of the relevance or sufficiency of the course work or experience is ~~reasonably~~ questioned by the Department because of discrepancies or conflicts in information, information needing further clarification, and/or missing information, the licensee ~~registrant~~ seeking restoration of his license ~~certificate of registration~~ will be requested to:

- 1) provide such information as may be necessary; and/or
- 2) explain such relevance or sufficiency during an oral interview; or
- 3) appear for an interview before the Board Committee when the information available to the Board Committee is insufficient to evaluate the individual's current competency to practice under the Act. Upon

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recommendation of the Board Committee, and approval by the Director, an applicant shall have his license restored or will be notified of the reason for the denial of such application for restoration.

- e) If an applicant is denied restoration under subsection (c)(4), the applicant's license may be restored by taking and passing Part II of the examination as provided in Section 1380.260.

(Source: Amended at 15 Ill. Reg. 247, effective December 28, 1990)

Section 1380.280 Endorsement

- a) Any person who holds an unexpired certificate of registration or license to practice professional engineering, issued under the laws of another state; or territory or possession of the United States or the District of Columbia any foreign country and who desires to become licensed registered by endorsement shall file an application, on forms provided by the Department, with the Department together with:

- 1) The required fee specified in Section 27 20 of the Act;
- 2) Proof of meeting that he has met the requirements substantially equivalent to those in force in this state at the time of his original or subsequent licensure by examination in the other jurisdiction, including certification of education, and verification affidavit of experience, as appropriate;
- 3) A certification by the jurisdiction of original licensure and certification of current licensure from the jurisdiction of predominant active practice stating including the following:
 - A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
 - B) The basis of licensure and A a description of all the licensure examinations by which the applicant was licensed in that jurisdiction and the date of its successful passage of such examinations completion; and,
 - C) Whether the files of records of the licensing authority contain any record of any disciplinary action taken or pending against the applicant.
- 4) If the applicant is not currently licensed in the state of original licensure, a certification of his current license; and
- 4) A complete work history, on forms provided by the Department.

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- 5) If the qualifications of the applicant at the time of original licensure did not meet the requirements in effect at that time for licensure in this State, the applicant may submit additional certifications from other jurisdictions to indicate meeting the qualifications in effect in this state at the time of any later licensure.

- 6) In lieu of the documentation specified in subsections (a)(2), (3), and (4), and (5), an applicant may submit a current Council Record and Certification of Verification from NCEES the National Council of Engineering Examiners (NCEE) Certification of his record.

- 6) The Department shall examine each endorsement application to determine whether the requirements in the jurisdiction of licensure by examination were comparable to the requirements then in force in this state.

- 7) The Department may, in individual cases, upon the recommendation of the Board Committee, waive a portion of the examination requirements after consideration of the quality of an applicant's engineering education and experience, including whether he has graduated from an approved engineering program, is certified by the National Council of Engineering Examiners, has achieved special honors or awards, has had articles published in professional recognized and reputable journals, has written or participated in the writing of textbooks relating to professional engineering, and including any other circumstance or attribute which the Board Committee accepts as evidence that such applicant has outstanding and proven ability in the practice of professional engineering. The Department shall follow such recommendation of the Committee.

- 8) Applicants for endorsement having obtained the following acceptable experience, in accordance with Section 1380.230, PRIOR TO taking the Principles and Practice of Engineering Examination shall be considered in compliance with the experience requirements of Section 10 of the Act:

- A) Under Section 10(a) of the Act, at least 3 years and 9 months of acceptable experience after receipt of the baccalaureate degree, or
- B) Under Section 10(b) of the Act, at least 7 years and 9 months of acceptable experience after receipt of the baccalaureate degree.
- C) Applicants not meeting the above requirements at the time of original or subsequent examination shall retake the Principles and Practice of Engineering Examination after meeting the necessary requirements.

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- 2) Appendix A of this Part outlines the licensure requirements in force during various periods and should be consulted by the applicant to aid in the evaluation of his qualifications.
- c) The Department shall examine each endorsement application to determine whether the qualifications of the applicant at the time of original or subsequent licensure were substantially equivalent to the requirements then in force in this state. The Department shall either issue a license by endorsement to the applicant or notify such applicant of the reasons for the denial of the application. ~~The Department shall within 30 days either issue a certificate of registration by endorsement to the applicant or notify him in writing of the reasons for the denial of this application.~~ An applicant not qualified for licensure ~~registration~~ by endorsement will automatically be reviewed under the provisions of Section 1380.250.

(Source: Amended at 15 Ill. Reg. 247, effective December 28, 1990)

Section 1380.285 Inactive Status

- a) Any licensed professional engineer who notifies the Department in writing on forms prescribed by the Department may elect to place his license on inactive status and shall be excused from the payment of renewal fees until he notifies the Department in writing of his desire to resume active status.
- b) Any licensee seeking restoration from inactive status shall do so in accordance with Section 1380.270 of this Part.
- c) Any licensed professional engineer whose license is on inactive status shall not practice engineering in the State of Illinois. Practicing or offering to practice on a license which is on inactive status shall be considered unlicensed activity and shall be grounds for discipline pursuant to Section 24 of the Act.

(Source: Added at 15 Ill. Reg. 247, effective December 28, 1990)

Section 1380.290 Corporations and Partnerships

- a) Persons who desire to practice professional engineering in this State in the form of a partnership or corporation (if the form is a corporation and such corporation was not formed under the Professional Service Corporation Act (Ill. Rev. Stat. 1989, ch. 32, par. 415-1, et seq.)) shall, in accordance with Section 23 of the Act, file an application with the Department, on forms provided by the Department, together with the following ~~organize a corporation under the Act for the purpose of practicing professional engineering shall file the following with the Department:~~

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- 1) For Corporations.

- A) ~~An application containing~~ The name of the corporation and its registered address, ~~and~~ the names of all members of the board of directors, ~~with~~ and the name of the state and license number for each director who is licensed as a professional engineer ~~the license numbers of those directors who are registered professional engineers. To qualify under Section 1.2 of the Act, a majority of the board of directors must be registered professional engineers; and~~
- B) A copy of the Articles of Incorporation bearing the seal of the office, in the jurisdiction in which the Corporation is organized, whose duty it is to register corporations under the laws of that jurisdiction. The purpose clause of the Articles of Incorporation shall designate that the purpose of the corporation is to provide engineering services, ~~and if it is a foreign corporation, a copy of the certificate of authority to transact business in this State is also required, and.~~
- 2) For Partnerships. An application containing the name of the partnership and its business address and the names of all general partners, with the name of the state in which each is licensed as a professional engineer and the license number of each general partner.
- 3) A certified copy of the ~~a~~ resolution of the board of directors of the corporation or of the general partners, as the case may be, designating a member of the board or a member of the partnership who is an Illinois licensed professional engineer as the ~~designating an Illinois-registered professional engineer as an officer or~~ managing agent in charge of the engineering activities in this State and investing in such managing agent ~~him~~ with full authority to make all final decisions involving engineering work within Illinois (Ill. Rev. Stat. 1989, ch. 111, par. 5102(a)).
- 4) A list of all office locations at which the corporation or partnership provides engineering services.
- 5) The fee required in Section 20 of the Act.
- b) Upon receipt of the above documents and review of the application, the Department shall ~~within 30 days~~ issue a license ~~letter~~ authorizing the corporation or partnership to engage in the practice of professional engineering or notify the applicant of the reason for the denial of such application.
- c) Each ~~such~~ corporation or partnership shall be responsible for notifying the Department within 30 days of any changes in:

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- 1) The membership of the board of directors or the general partners; and
- 2) The licensure status of ~~any of the general partners or any of the licensed registered~~ professional engineer members of the board of directors; and,
- 2a) ~~The officer or managing agent in charge of the engineering activities in this State.~~
- d) Each corporation or partnership shall be responsible for notifying the Department, in writing, by certified mail, within 10 business days of the termination or change in status of the managing agent. Thereafter, the corporation or partnership, if it has so informed the Department, has 30 days to notify the Department of the name and license number of the professional engineer licensed in Illinois who is the newly designated managing agent as provided in subsection (a)(3) above.
- e) Any failure to notify the Department as required in subsection (c) and (d) above or any failure of the corporation or partnership to continue to comply with the requirements of Section 23.1-1 and 1.2 of the Act will subject the corporation or partnership to the loss of its license ~~authorization~~ to practice professional engineering in Illinois.

(Source: Amended at 15 Ill. Reg. 247, effective December 28, 1990.)

Section 1380.300 Standards of Professional Conduct

In order to safeguard life, health and property, to promote the public welfare, and to establish and maintain a high standard of integrity in the practice of professional engineering, the following Standards of Professional Conduct shall be binding on every person holding a certificate of registration as a Professional Engineer and on all corporations authorized to practice professional engineering in this State.

- a) Professional Responsibility. Licensees Registrants shall be responsive to the needs of clients and employers, but shall hold paramount life, health, property and the welfare of the public.
 - 1) Licensees Registrants shall at all times recognize that their primary obligation is to protect the life, health, property and welfare of the public. If their professional judgment is overruled under circumstances where the life, health, property or welfare of the public is endangered, they shall notify their client or employer and such authority(ies) as may be appropriate (which may include the Department or other law enforcement agencies).

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- 2) Licensees Registrants shall approve and seal only those designs reviewed or prepared by them, and found to be safe for the public health, property and welfare.
- 3) Licensees Registrants shall not reveal confidential facts, data or information obtained in a professional capacity without the prior consent of the client, except as authorized or required by law.
- 4) Licensees Registrants shall not permit the use of their name or firm's name, nor shall they be associated in business ventures with persons or firms which they have reason to believe to be engaging in fraudulent or dishonest business practices.
- 5) Licensees Registrants having knowledge of any alleged violation of any of this Part ~~these Rules~~ shall cooperate with the Department, furnishing such information or assistance as may be required to conduct an investigation resulting from a ~~formal or informal~~ complaint.
- b) Competence. Licensees Registrants shall perform services only in areas of their competence.
 - 1) Licensees Registrants shall undertake assignments only when qualified by education and experience in the specific technical field of engineering involved.
 - 2) Licensees Registrants shall not affix their signature or seal to any plans or documents dealing with subject matter in which they lack competence, nor to any plan or document not prepared or reviewed under their direct supervisory control.
 - 3) Licensees Registrants may accept an assignment outside of their fields of competence to the extent that their services are restricted to those phases of the project in which they are qualified, and to the extent that all other phases of the project will be performed by registrants qualified in those phases.
- c) Professional Integrity. Licensees Registrants shall issue professional statements in an objective and truthful manner.
 - 1) Licensees Registrants shall be completely objective and truthful in all professional reports, statements or testimony.
 - 2) Licensees Registrants may express publicly a professional opinion on technical subject(s) only when it is founded upon adequate knowledge of the facts and a background of competence in the subject matter.

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- 3) A licensee ~~registrant~~, when acting as a representative of an individual or organization, shall issue no statements, criticisms, or arguments on engineering matters without first prefacing such comments by explicitly identifying on whose behalf the comments will be made. When the licensee ~~registrant~~ is acting as a consultant, expressing a professional opinion, such opinion shall be prefaced by complete personal identification as a consultant, without necessarily naming the client. Such licensee ~~registrant~~ shall reveal any personal interest in the matter.
- d) Conflict of Interest. Licensees ~~Registrants~~ shall act in professional matters for each employer or client as faithful agents or trustees, and shall avoid conflicts of interest.
- 1) Licensees ~~Registrants~~ shall conscientiously avoid conflicts of interest with their employers or clients. Whenever conflicts of interest appear unavoidable; however, licensees ~~registrants~~ shall disclose promptly to their employers or clients any business association, interest or circumstance which may influence judgment or quality of services.
- 2) Licensees ~~Registrants~~ shall not accept compensation, financial or other, from more than one party for services on a project or for services pertaining to a project unless the licensee ~~registrant~~ makes full disclosure and receives consent of all interested parties.
- 3) Licensees ~~Registrants~~ shall not solicit or accept financial or other valuable consideration from any material supplier or equipment supplier for specifying the supplier's products except when the licensee ~~registrant~~ is a known employee or agent of the supplier.
- 4) Licensees ~~Registrants~~ shall not solicit or accept gratuities, directly or indirectly, from any contractor, architect, engineer or other party dealing with the licensee's ~~registrant's~~ employer or client in connection with work for which the licensee ~~registrant~~ is responsible.
- 5) Licensees ~~Registrants~~ in public service as members, advisors or employees of a governmental body or department shall not participate in decisions with respect to professional services solicited or provided by them or their organization.
- 6) Licensees ~~Registrants~~ shall not solicit or accept a professional contract from a governmental body on which a principal or officer of their firm or organization serves as a member.

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- e) Employment Solicitation. Licensees ~~Registrants~~ shall avoid improper solicitation of professional employment.
 - 1) Licensees ~~Registrants~~ shall not offer to pay, either directly or indirectly, any commission, political contribution, gift or other consideration in order to secure professional assignments.
 - 2) Licensees ~~Registrants~~ shall not falsify or permit misrepresentation of their, or their associates', academic or professional qualifications. They shall not misrepresent or exaggerate their degree of responsibility in or for the subject matter of prior assignments. Brochures or other presentations incident to the solicitation of employment shall not misrepresent pertinent facts concerning employers, employees, associates, joint ventures or past accomplishments with the intent or purpose of enhancing their qualifications and/or their work.
- (Source: Amended at 15 Ill. Reg. 247, effective December 28, 1990)
Section 1380.310 Renewals
- a) Every license ~~certificate of registration~~ issued to an individual under the Act shall expire on November 30 of each even numbered year. The holder of a license ~~certificate of registration~~ may renew such license for a two-year period ~~certificate~~ during the month preceding the expiration date thereof by paying the required fee required by Section 20 of the Act.
 - b) It is the responsibility of each licensee ~~registrant~~ to notify the Department of any change of address. Failure to receive a renewal form from the Department shall not constitute an excuse for failure to pay the renewal fee and to renew one's license.
 - c) Every license issued to a corporation or partnership under the Act shall expire on April 30 of each odd-numbered year. The holder of such license may renew that license for a two-year period during the month preceding the expiration date thereof by paying the required fee.
 - d) Practicing or offering to practice on a license which has expired shall be considered unlicensed activity and shall be grounds for discipline pursuant to Section 24 of the Act.

(Source: Amended at 15 Ill. Reg. 247, effective December 28, 1990)
Section 1380.320 Granting Variances

- a) The Director may, ~~after notice to the Professional Engineer Examining Committee~~, grant variances from these rules in individual cases where he finds that:

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- 1) The provision from which the variance is granted is not statutorily mandated;
 - 2) No party will be injured by the granting of the variance; and
 - 3) The rule from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome.
- b) The Director shall notify the Board Professional Engineering Examining Committee of the granting of such variance, and the reasons therefor, at the next meeting of the Board Committee.

(Source: Amended at 15 Ill. Reg. 247, effective December 28, 1990)

Section 1380.APPENDIX A Significant Dates for the Administration of Section 1294) of the Act - Endorsement

- a) 4) July 20, 1945. The Illinois Professional Engineering Act became effective on July 20, 1945. Prior to that date, there was no legal requirement in Illinois governing the practice of Professional Engineering or requiring registration of engineers.
- b) 2) July 20, 1946. That date terminated registration under the "Grandfather Clause", which exempted Illinois residents engaged in the practice of Professional Engineering from examination, unless affected by service in the armed forces of the United States including the Merchant Marine. Thereafter, full examination was required except as indicated under subsections (c) and (d) 3 and 4 below.
- c) 2) November 20, 1946. Prior to that date, graduates of approved engineering curricula with 4 ~~four~~ or more years of professional engineering experience were eligible for registration by examination of their record of education, experience, and substantiating evidence. Written examination was not required.
- d) 4) July 20, 1950. Prior to that date, graduates of approved engineering curricula with 4 ~~four~~ or more years of professional engineering experience were required to take only Part II of the written examination for registration.
- e) Applicants originally licensed in New York or Pennsylvania prior to January 1, 1965, shall have their twelve-hour examination accepted for endorsement based on prior agreement.
- f) 5) January 1, 1974. a) Prior to that date, an EIT applicant was eligible for examination upon proof of at least 4 years of study, training and experience.

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- b) Prior to that date, for an applicant for the full examination, there was no requirement that Part I must be passed before Part II.
 - g) 6) January 1, 1978. Prior to that date, an applicant who qualified under with 8 years of combined education and experience Section 9(4) would be admitted to the full examination.
- An applicant who qualified only under Section 9(4) would take the full examination and must have passed both Part I and Part II of the examination. Failure to pass either Part I or Part II required retake of the full examination.

(Source: Amended at 15 Ill. Reg. 247, effective December 28, 1990)

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- 1) The Heading of the Part: AID TO THE AGED, BLIND OR DISABLED
- 2) Code Citation: 89 Ill. Adm. Code 113
- 3) Section Numbers: Adopted Action:
113.251 Amendment
113.303 Amendment
- 4) Statutory Authority: Sections 3-1.2, 3-5, 12-8 and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, Ch. 23, Pars. 3-1.2, 3-5, 12-8 and 12-13)
- 5) Effective Date of Adopted Amendments: January 1, 1991
- 6) Does this rulemaking contain an automatic repeal date?
Yes X No
- 7) Do these Adopted Amendments contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: January 1, 1991
- 9) Notice of Proposal Published in Illinois Register:
September 28, 1990 (14 Ill. Reg. 15701)
- 10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No
- 11) Differences between proposal and final version: No changes were made to the text of these amendments.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will these Adopted Amendments replace Emergency Amendments currently in effect? No
- 14) Are there any Amendments pending on this Part? No
- 15) Summary and Purpose of Adopted Amendments: Services provided under the Department's Hardship Program overlap with services provided under the Aid to the Aged, Blind or Disabled (AABD) Program. This rulemaking eliminates that duplication. Additionally, this rulemaking removes the day care provisions from Section 113.303 since this service is not needed by AABD clients.

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- 16) Information and questions regarding these Adopted Amendments shall be directed to:

Name: Anita Williams, Staff Attorney
Office of the General Counsel

Address: Illinois Department of Public Aid
Jesse B. Harris Building II
100 South Grand Avenue East, 3rd Floor
Springfield, Illinois 62762

Telephone: (217) 782-1233

The full text of the Adopted Amendments begins on the next page:

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NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 113

AID TO THE AGED, BLIND OR DISABLED

SUBPART A: GENERAL PROVISIONS

Section

113.1 Description of the Assistance Program
113.5 Incorporation By Reference

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section

113.9 Client Cooperation
113.10 Citizenship
113.20 Residence
113.30 Age
113.40 Blind
113.50 Disabled
113.60 Living Arrangement
113.70 Institutional Status
113.80 Social Security Number

SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

Section

113.100 Unearned Income
113.101 Budgeting Unearned Income
113.102 Budgeting Unearned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision
113.103 Initial Receipt of Unearned Income
113.104 Termination of Unearned Income
113.105 Unearned Income In-Kind
113.106 Earmarked Income
113.107 Lump Sum Payments and Income Tax Refunds
113.108 Protected Income
113.109 Earned Income
113.110 Budgeting Earned Income
113.111 Protected Income
113.112 Earned Income
113.113 Budgeting Earned Income
113.114 Budgeting Earned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision
113.115 Initial Employment
113.116 Budgeting Earned Income For Contractual Employees

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Budgeting Earned Income For Non-contractual School Employees
113.117 Termination of Employment

113.118 Exempt Earned Income
113.120 Recognized Employment Expenses
113.125 Income From Work/Study/Training Programs
113.130 Earned Income From Self-Employment
113.131 Earned Income From Roomer and Boarder
113.132 Earned Income From Rental Property
113.133 Earned Income In-Kind
113.134 Payments from the Illinois Department of Children and Family Services
113.139 Assets

113.140 Exempt Assets
113.141 Asset Disregard
113.142 Deferral of Consideration of Assets
113.143 Property Transfers For Applications Filed Prior To October 1, 1989
113.154 Property Transfers For Applications Filed On Or After October 1, 1989

113.155 Court Ordered Child Support Payments of Parent/Step-Parent
113.156 Sponsors of Aliens
113.157 Assignment of Medical Support Rights
113.160

SUBPART D: PAYMENT AMOUNTS

Section

113.245 Payment Levels for AABD
113.246 Personal Allowance
113.247 Personal Allowance Amounts
113.248 Shelter
113.249 Utilities and Heating Fuel
113.250 Laundry
113.251 Telephone
113.252 Transportation, Lunches, Special Fees
113.253 Allowances for Increase in SSI Benefits
113.254 Nursing Care or Personal Care in Home Not Subject to Licensing
113.255 Sheltered Care in a Licensed Group Care Facility
113.256 Shopping Allowance
113.257 Special Allowances for Blind and Partially Sighted (Blind Only)
113.258 Home Delivered Meals
113.259 AABD Fuel and Utility Allowances By Area
113.260 Sheltered Care Rates

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Section
113.261

Cases in Licensed Intermediate Care Facilities,
Licensed Skilled Nursing Facilities, DMHDD
Facilities and All Other Licensed Medical Facilities

SUBPART E: OTHER PROVISIONS

Section

113.300 Persons Who May Be Included In the Assistance Unit
113.301 Grandfathered Cases
113.302 Interim Assistance
113.303 Special Needs Authorizations
113.304 Retrospective Budgeting
113.305 Budgeting Schedule
113.306 Purchase and Repair of Household Furniture
113.307 Property Repairs and Maintenance
113.308 Excess Shelter Allowance
113.320 Redetermination of Eligibility
113.500 Attorney's Fees for SSI Appellants

AUTHORITY: Implementing Article III and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, pars. 3-1 et seq. and 12-13)

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979, peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective

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September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041 effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982, amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 11921, 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 10, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 9367, effective August 1, 1983; amended at 7 Ill. Reg. 17351, effective December 21, 1983; amended at 8 Ill. Reg. 537, effective December 30, 1983; amended at 8 Ill. Reg. 5225, effective April 9, 1984; amended at 8 Ill. Reg. 6746, effective April 27, 1984; amended at 8 Ill. Reg. 11414, effective June 27, 1984; amended at 8 Ill. Reg. 13273, effective July 16, 1984; amended (by sections being codified with no substantive change) at 8 Ill. Reg. 17895; amended at 8 Ill. Reg. 18896,

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effective September 26, 1984; amended at 9 Ill. Reg. 5335, effective April 5, 1985; amended at 9 Ill. Reg. 8166, effective May 17, 1985; amended at 9 Ill. Reg. 8657, effective May 25, 1985; amended at 9 Ill. Reg. 11302, effective July 5, 1985; amended at 9 Ill. Reg. 11636, effective July 8, 1985; amended at 9 Ill. Reg. 11991, effective July 12, 1985; amended at 9 Ill. Reg. 12806, effective August 9, 1985; amended at 9 Ill. Reg. 15896, effective October 4, 1985; amended at 9 Ill. Reg. 16291, effective October 10, 1985; emergency amendment at 10 Ill. Reg. 364, effective January 1, 1986; amended at 10 Ill. Reg. 1183, effective January 10, 1986; amended at 10 Ill. Reg. 6956, effective April 16, 1986; amended at 10 Ill. Reg. 8794, effective May 12, 1986; amended at 10 Ill. Reg. 10628, effective June 3, 1986; amended at 10 Ill. Reg. 11920, effective July 3, 1986; amended at 10 Ill. Reg. 15110, effective September 5, 1986; amended at 10 Ill. Reg. 15631, effective September 19, 1986; amended at 11 Ill. Reg. 3150, effective February 6, 1987; amended at 11 Ill. Reg. 8712, effective April 20, 1987; amended at 11 Ill. Reg. 9919, effective May 15, 1987; emergency amendment at 11 Ill. Reg. 12441, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20880, effective December 14, 1987; amended at 12 Ill. Reg. 2137, effective January 11, 1988; amended at 12 Ill. Reg. 3497, effective January 22, 1988; amended at 12 Ill. Reg. 5642, effective March 15, 1988; amended at 12 Ill. Reg. 6151, effective March 22, 1988; amended at 12 Ill. Reg. 7687, effective April 22, 1988; amended at 12 Ill. Reg. 8662, effective May 13, 1988; amended at 12 Ill. Reg. 9023, effective May 20, 1988; amended at 12 Ill. Reg. 6996, effective May 24, 1988; emergency amendment at 12 Ill. Reg. 11828, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 14162, effective August 30, 1988; amended at 12 Ill. Reg. 17849, effective October 25, 1988; amended at 13 Ill. Reg. 63, effective January 1, 1989; emergency amendment at 13 Ill. Reg. 3402, effective March 3, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 6007, effective April 14, 1989; amended at 13 Ill. Reg. 12553, effective July 12, 1989; amended at 13 Ill. Reg. 13609, effective August 11, 1989; emergency amendment at 13 Ill. Reg. 14467, effective September 1, 1989, for a maximum of 150 days; emergency amendment at 13 Ill. Reg. 16154, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 720, effective January 1, 1990; amended at 14 Ill. Reg. 6321, effective April 16, 1990; amended at 14 Ill. Reg. 13187, effective August 6, 1990; amended at 14 Ill. Reg. 14806, effective September 3, 1990; amended at 14 Ill. Reg. 16957, effective September 30,

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1990; amended at 15 Ill. Reg. 277, effective January 1, 1991.
NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

SUBPART D: PAYMENT AMOUNT

Section 113.251 Telephone

- a) The monthly cost of a telephone and installation charges is allowed at the minimum community rate when the client has no access to a telephone and the service is essential because of:
- 1) illness,
 - 2) employment, or
 - 3) residence in an isolated area.
- b) No allowance is made for security deposits or past due bills.
- c) For installation charges, see 89 Ill. Adm. Code 116.520.

(Source: Amended at 15 Ill. Reg. 277, effective January 1, 1991)

SUBPART E: OTHER PROVISIONS

Section 113.303 Special Needs Authorizations

If the AABD unit is determined eligible (or presumptively eligible) for an assistance payment, additional payment(s) will be authorized upon request of the client and verification of provision of the service in the following circumstances:

- a) Correction of an underpayment.
- b) Repair of a braille writer, radio or typewriter at the most reasonable rate.
- c) Pay-ee-to-enable-the-care-taker-to-participate-in-employment, education or training. For Representative-Payee-(RPY)-cases-only-when-the-child-is-care-taker-is-not-a-responsible-relative-(see-subsections-(e)-and-(f)).

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 113.303 Special Needs Authorizations (Cont'd)

- d) Day-care-for-children-of-elementary-and-secondary-school-parents-to-enable-the-high-school-parents-to-attend-school-(see-subsections-(e)-and-(f)).
- e) Qualified-providers
The-Department-will-approve-payment-for-day-care-provided-in-any-of-the-following:
- 1) A-LICENSED-DAY-CARE-CENTER
A-DAY-CARE-CENTER-IS-ANY-CHILD-CARE-FACILITY-LICENSED-BY-THE-DEPARTMENT-OF-CHILDREN-AND-FAMILY-SERVICES-(DCFS)-WHICH:
- A) REGULARLY-PROVIDES-DAY-CARE-FOR-LESS-THAN-24-HOURS-PER-DAY, AND
- B) FOR-MORE-THAN-8-CHILDREN-IN-A-FAMILY-HOME, OR
- C) FOR-MORE-THAN-3-CHILDREN-IN-A-FACILITY-OTHER-THAN-A-FAMILY-HOME--(Section-2-09-of-the-Child-Care-Act-of-1969, Ill. Rev. Stat., 1987, ch. 23, par. 2-12.09)
- 2) A-LICENSED-DAY-CARE-HOME
A) A-DAY-CARE-HOME-IS-ANY-FAMILY-HOME-WHICH-PROVIDES-DAY-CARE-FOR-LESS-THAN-24-HOURS-PER-DAY-FOR-MORE-THAN-3-CHILDREN-UP-TO-A-MAXIMUM-OF-8-CHILDREN---THE-MAXIMUM-OF-8-CHILDREN-INCLUDES-THE-FAMILY'S-NATURAL-OR-ADOPTED-CHILDREN-AND-ALL-PERSONS-UNDER-THE-AGE-OF-14
- B) A-LICENSED-DAY-CARE-HOME-DOES-NOT-INCLUDE-A-HOME-WHICH-PROVIDES-DAY-CARE-TO-ONLY-CHILDREN-FROM-THE-SAME-HOUSEHOLD,--A-DAY-CARE-HOME-MUST-BE-LICENSED-BY-DCFS,
- C) THE-DEPARTMENT-WILL-NOT-PAY-FOR-DAY-CARE-PROVIDED-BY-A-PERSON-(RELATIVE-OR-NON-RELATIVE)-LIVING-IN-THE-SAME-HOME-AS-THE-CHILD(REN)-NEEDING-CARE--(Section-2-18-of-the-Child-Care-Act-of-1969, Ill. Rev. Stat., 1987, ch. 23, par. 2-12.18)
- 3) A-Home-Not-Subject-to-Licensing

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NOTICE OF ADOPTED AMENDMENTS

Section 113.303 Special Needs Authorizations (Cont'd)

- A) A-home-not-subject-to-licensing-is-a-home-which-provides-day-care-for-less-than-24-hours-per-day, and-does-not-meet-the-criteria-described-in-paragraphs-(A)-and-(B)-above-for-a-day-care-center-of-day-care-home,
- B) The-Department-will-not-make-payment-for-day-care-provided-by-a-person-(relative-or-non-relative)-living-in-the-same-home-as-the-child(ren)-needing-care,
- f) Payment-Information
- 1) Maximum-rates-for-day-care-have-been-established-by-the-DCFS-(see-89-Ill.-Adm.-Code-356.5(g)). The-Department-of-Public-Aid-will-allow-payment-in-an-amount-not-to-exceed-the-maximum-rates-per-child, as-established-by-DCFS,
- 2) The-Department-will-make-payment-only-for-the-days-care-is-required--However, if-necessary, a-day-care-arrangement-may-be-maintained-when-care-is-not-actually-provided-but-is-needed-to-maintain-the-day-care-slot---Reasons-for-maintaining-an-arrangement-for-day-care-include: illness-of-child-or-child's-caretaker, a-holiday-vacation-of-the-child-or-of-the-child's-caretaker--Payment-will-be-made-to-maintain-an-arrangement-for-day-care-for-a-period-not-to-exceed-the-total-of-two-calendar-weeks-per-year
- 3) If-transportation-is-furnished-by-the-day-care-provider, the-rate-approved-for-care-includes-the-transportation-cost--No-additional-payment-will-be-authorized-for-transportation,
- 4) The-Department-will-allow-payment-only-after-the-child's-caretaker-has-submitted-a-statement, signed-by-the-day-care-provider, verifying-(i.e., the-number-of-days/hours-per-child)-the-amount-of-care-provided,
- 5) If-a-day-care-center's-regular-charge-is-less-than-the-maximum-rate, the-Department-will-approve-the-regular-charge--The-Department-will-not-pay-for-child-care-services-at-a-rate-which-is-higher-than-the-maximum-rate-charged-to-

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 113.303 Special Needs Authorizations (Cont'd)

- ~~clients-for-whom-services-are-not-paid-by-the-Department.~~
- 6) ~~The-Department-will-not-approve-payment-for-any-day-the-day-care-center-is-not-in-operation.~~
- 7) ~~In-not-for-profit-day-care-centers-the-ratepaid-by-the-Department-is-not-to-exceed-the-actual-cost-of-care-on-a-per-child-basis-for-the-facility-providing-the-service-or-the-maximum-charged-to-clients-for-whom-services-are-not-paid-by-the-Department--(The-Department-will-not-pay-more-for-clients-for-day-care-than-is-charged-to-a-non-public-and-client.)~~
- 8) ~~The-Department-will-not-pay-for-special-fees-which-may-be-charged-by-the-center.~~
- 9)c) Relative Providing Care in the Home
- This is limited to assistance units authorized for this need prior to July 1, 1983. New approvals of this item cannot be authorized on or after July 1, 1983.

(Source: Amended at 15 Ill. Reg. 277, effective January 1, 1991)

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENT

- 1) The Heading of the Part: GENERAL ASSISTANCE
- 2) Code Citation: 89 Ill. Adm. Code 114
- 3) Section Number: Adopted Action:
114.402 Amendment
- 4) Statutory Authority: Sections 6-1.2, 6-2, 12-8 and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, Ch. 23, Pars. 6-1.2, 6-2, 12-8 and 12-13)
- 5) Effective Date of Adopted Amendment: January 1, 1991
- 6) Does this rulemaking contain an automatic repeal date?
Yes X No
- 7) Does this Adopted Amendment contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: January 1, 1991
- 9) Notice of Proposal Published in Illinois Register:
September 28, 1990 (14 Ill. Reg. 15712)
- 10) Has JCAR issued a Statement of Objections to this Adopted Amendment? No
- 11) Differences between proposal and final version: No changes were made to this amendment.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this Adopted Amendment replace an Emergency Amendment currently in effect? No
- 14) Are there any Amendments pending on this Part? No
- 15) Summary and Purpose of Adopted Amendment: This rulemaking revises the Department's Special Needs policy for the General Assistance Program by eliminating the duplication of certain services that are also provided under the Department's Hardship Program. The purchase and repair of furniture and other household items are covered under the Hardship Program.

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENT

- 16) Information and questions regarding this Adopted Amendment shall be directed to:

Name: Anita Williams, Staff Attorney
Office of the General Counsel

Address: Illinois Department of Public Aid
Jesse B. Harris Building II
100 South Grand Avenue East, 3rd Floor
Springfield, Illinois 62762

Telephone: (217) 782-1233

The full text of the Adopted Amendment begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 114
GENERAL ASSISTANCE

SUBPART A: GENERAL PROVISIONS

| | |
|---------|---------------------------------------|
| Section | Description of the Assistance Program |
| 114.1 | Incorporation By Reference |
| 114.5 | |

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

| | |
|---------|--|
| Section | Client Cooperation |
| 114.9 | Citizenship |
| 114.10 | Residence |
| 114.20 | Age |
| 114.30 | Relationship |
| 114.40 | Living Arrangement |
| 114.50 | Social Security Numbers |
| 114.52 | Work Registration Requirements |
| 114.60 | Individuals Exempt From Work Registration Requirements |
| 114.61 | |
| 114.62 | Job Service Registration |
| 114.63 | Failure to Maintain Current Job Service Registration |
| 114.64 | Responsibility to Seek Employment |
| 114.70 | Initial Employment Expenses |
| 114.80 | Work and Training Programs |
| 114.85 | Downstate General Assistance - Food Stamps |
| | Employment and Training Pilot Project |
| 114.90 | Project Chance Participation/Cooperation Requirements (Renumbered) |
| 114.100 | General Assistance Jobs Program (Repealed) |

SUBPART C: PROJECT ADVANCE

| | |
|---------|---|
| Section | Project Advance |
| 114.108 | Project Advance Participation Requirements of Adjudicated Fathers |
| 114.109 | |
| 114.110 | Project Advance Cooperation Requirements of Adjudicated Fathers |
| 114.111 | Project Advance Sanctions |
| 114.113 | Project Advance Good Cause for Failure to Comply |
| 114.115 | Individuals Exempt From Project Advance |
| 114.117 | Project Advance Supportive Services |

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Section

114.120 Employment, Training, Rehabilitation, and Advocacy for General Assistance Programs Administered by the Illinois Department of Public Aid

SUBPART D: PROJECT CHANCE

Section

114.121 Persons Required to Participate in Employment and Training
114.122 Advocacy Program for Persons Who Have Applied for Supplemental Security Income (SSI) Under Title XVI of the Social Security Act
114.123 Persons in Need of Work Rehabilitative Services (WRS) to Become Employable
114.124 Employment and Training Participation/Cooperation Requirements
114.125 Employment and Training Program Orientation
114.126 Employment and Training Program Full Assessment Process/Development of an Employment Plan
114.127 Employment and Training Program Components
114.128 Employment and Training Sanctions
114.129 Good Cause For Failure to Cooperate With Work and Training Participation Requirements
114.130 Employment and Training Supportive Services
114.140 Employment Child Care (Repealed)

Section

114.235 Recognized Employment Expenses
114.240 Income From Work/Study/Training Program (Repealed)
114.241 Earned Income From Self-Employment
114.242 Earned Income From Roomer and Boarder
114.243 Earned Income From Rental Property
114.244 Earned Income In-Kind
114.245 Payments from the Illinois Department of Children and Family Services
114.246 Budgeting Earned Income For Contractual Employees
114.247 Budgeting Earned Income For Non-contractual School Employees
114.250 Assets
114.251 Exempt Assets
114.252 Asset Disregards
114.260 Deferral of Consideration of Assets (Repealed)
114.270 Property Transfers
114.280 Supplemental Payments

SUBPART F: PAYMENT AMOUNTS

Section

114.350 Payment Levels for General Assistance
114.351 Payment Levels in Group I Counties
114.352 Payment Levels in Group II Counties
114.353 Payment Levels in Group III Counties

SUBPART E: FINANCIAL FACTORS OF ELIGIBILITY

Section

114.200 Unearned Income
114.201 Budgeting Unearned Income
114.202 Budgeting Unearned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision
114.203 Initial Receipt of Unearned Income
114.204 Termination of Unearned Income
114.210 Exempt Unearned Income
114.220 Education Benefits
114.221 Unearned Income In-Kind
114.222 Earmarked Income
114.223 Lump Sum Payments
114.224 Protected Income
114.225 Earned Income
114.226 Budgeting Earned Income
114.227 Budgeting Earned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision
114.228 Initial Employment
114.229 Termination of Employment
114.230 Exempt Earned Income

Section

114.400 Persons Who May Be Included In the Assistance Unit
114.401 Eligibility of Strikers
114.402 Special Needs Authorizations
114.403 Institutional Status
114.404 Retrospective Budgeting
114.405 Budgeting Schedule
114.420 Redetermination of Eligibility
114.430 Twelve Month Extension of Medical Assistance Due to Increased Income From Employment

SUBPART H: CHILD CARE

Section

114.450 Child Care
114.452 Child Care Eligibility
114.454 Qualified Provider
114.456 Notification of Available Services
114.458 Participant Rights and Responsibilities

NOTICE OF ADOPTED AMENDMENT

Section
114.462 Additional Service to Secure or Maintain Child Care Arrangements
114.464 Rates of Payment for Child Care
114.466 Method of Providing Child Care

SUBPART I: TRANSITIONAL CHILD CARE

Section
114.500 Transitional Child Care Eligibility
114.504 Duration of Eligibility for Transitional Child Care
114.506 Loss of Eligibility for Transitional Child Care
114.508 Qualified Provider
114.510 Notification of Available Services
114.512 Participant Rights and Responsibilities
114.514 Child Care Overpayments and Recoveries
114.516 Fees for Service for Transitional Child Care
114.518 Rates of Payment for Transitional Child Care

AUTHORITY: Implementing Article VI and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, pars. 6-1 et seq. and 12-13)

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979, peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg.

NOTICE OF ADOPTED AMENDMENT

37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 1, 1981; amended at 5 Ill. Reg. 11647, effective October 1, 1981; January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 21, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 7, 1983; amended (by adding sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 9909, effective August 5, 1983; amended (by adding section being codified with no substantive change) at 7 Ill. Reg. 16107; amended at 7 Ill. Reg. 16408, effective November 30, 1983; amended at 7 Ill. Reg. 16652, effective December 1, 1983; amended at 8 Ill. Reg. 243, effective December 27, 1983; amended at 8 Ill. Reg. 5233, effective April 9, 1984; amended at 8 Ill. Reg. 6764, effective April 27, 1984; amended at 8 Ill. Reg. 11435, effective June

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27, 1984; amended at 8 Ill. Reg. 13319, effective July 16, 1984; amended at 8 Ill. Reg. 16237, effective August 24, 1984; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17896; amended at 9 Ill. Reg. 314, effective January 1, 1985; emergency amendment at 9 Ill. Reg. 823, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9557, effective June 5, 1985; amended at 9 Ill. Reg. 10764, effective July 5, 1985; amended at 9 Ill. Reg. 15800, effective October 16, 1985; amended at 10 Ill. Reg. 1924, effective January 17, 1986; amended at 10 Ill. Reg. 3660, effective January 30, 1986; emergency amendment at 10 Ill. Reg. 4646, effective February 3, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 4896, effective March 7, 1986; amended at 10 Ill. Reg. 10681, effective June 3, 1986; amended at 10 Ill. Reg. 11041, effective June 5, 1986; amended at 10 Ill. Reg. 12662, effective July 14, 1986; amended at 10 Ill. Reg. 15118, effective September 5, 1986; amended at 10 Ill. Reg. 15640, effective September 19, 1986; amended at 10 Ill. Reg. 19079, effective October 24, 1986; amended at 11 Ill. Reg. 2307, effective January 16, 1987; amended at 11 Ill. Reg. 5297, effective March 11, 1987; amended at 11 Ill. Reg. 6238, effective March 20, 1987; emergency amendment at 11 Ill. Reg. 12449, effective July 10, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 12948, effective August 1, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 18311, effective November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 18689, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 18791, effective November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20129, effective December 4, 1987; amended at 11 Ill. Reg. 20889, effective December 14, 1987; amended at 12 Ill. Reg. 889, effective January 1, 1988; SUBPARTS C, D and E reclassified to SUBPARTS E, F and G at 12 Ill. Reg. 2147; Section 114.110 reclassified to Section 114.52 at 12 Ill. Reg. 2984; amended at 12 Ill. Reg. 3505, effective January 22, 1988; amended at 12 Ill. Reg. 6170, effective March 18, 1988; amended at 12 Ill. Reg. 6719, effective March 22, 1988; amended at 12 Ill. Reg. 9108, effective May 20, 1988; amended at 12 Ill. Reg. 9699, effective May 24, 1988; amended at 12 Ill. Reg. 9940, effective May 31, 1988; amended at 12 Ill. Reg. 11474, effective June 30, 1988; amended at 12 Ill. Reg. 14255, effective August 30, 1988; emergency amendment at 12 Ill. Reg. 14364, effective September 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16729, effective September 30, 1988; amended at 12 Ill. Reg. 20171, effective November 28, 1988; amended at 13 Ill. Reg. 89, effective January 1, 1989; amended at 13 Ill. Reg. 1546, effective January 20, 1989; amended at 13 Ill. Reg. 3900, effective March 10, 1989; amended at 13 Ill. Reg. 8580, effective May 20, 1989; emergency amendment at 13 Ill. Reg.

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16169, effective October 2, 1989 for a maximum of 150 days; emergency expired March 1, 1990; amended at 13 Ill. Reg. 16015, effective October 6, 1989; amended at 14 Ill. Reg. 746, effective January 1, 1990; amended at 14 Ill. Reg. 3640, effective February 23, 1990; amended at 14 Ill. Reg. 6360, effective April 16, 1990; amended at 14 Ill. Reg. 10929, effective June 20, 1990; amended at 14 Ill. Reg. 13215, effective August 6, 1990; amended at 14 Ill. Reg. 13777, effective August 10, 1990; amended at 14 Ill. Reg. 14162, effective August 17, 1990; amended at 14 Ill. Reg. 17111, effective September 30, 1990; amended at 15 Ill. Reg. 288, effective January 1, 1991.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE

SUBPART G: OTHER PROVISIONS

Section 114.402 Special Needs Authorizations

If the General Assistance unit is determined eligible for an assistance payment, additional payment(s) will be authorized upon request of the client and verification of provision of the service in the following circumstances:

- a) A change in mailing date of the regular warrant creates a period of unmet need.
- b) Correction of an underpayment.
- c) A student who is a junior or senior in high school is included in the assistance unit as an eligible child (applies only to family cases). The allowance is \$15.00 per quarter payable three times a year.
- d) A therapeutic diet allowance is required for an eligible recipient and the diet is prescribed by a physician. The amounts are:

| | |
|------------------------------------|-------------------|
| 1) Children | \$17.82 per month |
| 2) Adults, less than 1700 calories | \$ 7.92 per month |
| 3) Adults, 1700 calories or more | \$17.82 per month |
- e) Household-furniture-and-equipment

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENT

Section 114.402 Special Needs Authorizations (Cont'd)

- 1) Payment for the purchase of household furniture and equipment will be authorized when:
- A) the item is essential, and
 - B) the existing item cannot be repaired or is not worth the cost of repair.
- 2) Payment for the repair of household furniture and equipment will be authorized when the existing item is repairable and the cost of such repairs is less than the replacement cost.
- 3) The household furnishings and equipment considered essential items are:
- A) Stoves
 - B) Refrigerators
 - C) Kitchen Tables
 - D) Kitchen Chairs
 - E) Beds

F) Transportation is required for drug and alcohol treatment/rehabilitation programs. Transportation is not to be paid by the Department if it can be provided without charge by relatives, friends or other agencies or services. A client is expected to use any cost free mode of transportation available in the community.

G) The Department will not use special needs items to determine need in establishing initial or continuing eligibility for GA. Need based on the Payment Level must exist before the consideration of payment for a special need.

(Source: Amended at 15 Ill. Reg. 288, effective January 1, 1991)

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NOTICE OF ADOPTED AMENDMENTS

- 1) The Heading of the Part: MEDICAL PAYMENT
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) Section Numbers: Adopted Action:
- 140.485 Amendment
 - 140.486 Repealed
 - 140.487 Amendment
 - 140.488 New Section
 - 140.562 Amendment
 - 140. Table A Repealed
- 4) Statutory Authority:
- 89 Ill. Adm. Code 140.485 thru 140.488 and 140. Table A
 - Sections 5-2, 5-4 and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, Ch. 23, Pars. 5-2, 5-4 et seq. and 12-13)
 - 89 Ill. Adm. Code 140.562
 - Sections 5-5.1 et seq. and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, Ch. 23, Pars. 5-5.1 et seq. and 12-13)
- 5) Effective Date of Adopted Amendments: December 28, 1990
- 6) Does this rulemaking contain an automatic repeal date?
 Yes ☐ No ☒
- 7) Do these Adopted Amendments contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: December 28, 1990
- 9) Notices of Proposal Published in Illinois Register:
- 89 Ill. Adm. Code 140.485 thru 140.488 and 140. Table A
 - September 7, 1990 (14 Ill. Reg. 14317)
 - 89 Ill. Adm. Code 140.562
 - August 31, 1990 (14 Ill. Reg. 13963)
- 10) Has JCAR issued a Statement of Objections to these Adopted Amendments?

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89 Ill. Adm. Code 140.485 thru 140.488 and 140.489 Table A: Yes

A) Statement of Objection: Dec. 28, 1990 (14 Ill. Reg. 21120)

B) Agency Response: January 11, 1991 (15 Ill. Reg. 368)

C) Date Agency Response Submitted for Approval to JCAR: December 20, 1990

89 Ill. Adm. Code 140.562: Yes

A) Statement of Objection: Oct. 26, 1990 (14 Ill. Reg. 17710)

B) Agency Response: January 11, 1991 (15 Ill. Reg. 366)

C) Date Agency Response Submitted for Approval to JCAR: December 20, 1990

11) Differences between proposal and final version:

89 Ill. Adm. Code 140.485 thru 140.488 and 140.489 Table A

Based on comments received from the Joint Committee on Administrative Rules and the Administrative Code Division of the Secretary of State's Office, the following changes were made to this rulemaking:

1) at line 7 of Section 140.485(c), after the word "Plan", the phrase "(as set forth in Sections 140.11 thru 140.835)" is inserted;

2) at line 1 of Section 140.485(d), the phrase "is responsible for informing eligible persons" is changed to read "shall inform eligible persons in writing";

3) at lines 1 and 2 of Section 140.485(d)(8), the phrase "health care" is changed to "medical care (see Section 140.2)"; and at line 3, after the word "necessary", the phrase "(e.g., medical equipment and supplies)" is added;

4) at line 3 of Section 140.485(e)(1), the phrase "(see Section 140.400)" is inserted after the word "rates";

5) at line one of Section 140.485(e)(3), the word "elects" is changed to "requests, either verbally or in writing"; and at line 11, the phrase "(set forth at 42 CFR 51b) is inserted after the word "procedures";

6) at line one of Section 140.487(a)(1), the phrase "in writing" is inserted after the word "families";

7) at line 2 of Section 140.487(b)(1) and in the title of this subsection, the word "a" is deleted;

8) at line 1 of Section 140.487(b)(2), the phrase "responsible adult" is changed to "caretaker relative (see 89 Ill. Adm. Code 101.20)";

9) at line 2 of Section 140.487(c)(1), the phrase "willing and qualified" is deleted;

10) at line 3 of Section 140.487(d)(2)(C), the cite "(Ill. Rev. Stat. 1989, ch. 23, pars. 2051 thru 2061.7)" is inserted after the word "Act";

11) at lines 5 and 6 of Section 140.487(e)(2) and line 3 of (g)(1), the phrase "willing and qualified" is deleted;

12) at line 15 of Section 140.487(e)(2), the phrase "State-funded programs" is changed to "Federal and State-funded programs (e.g., services to crippled children and alcohol/drug abuse intervention)"; and

13) at line 5 of Section 140.487(g)(2)(B), the phrase "(see Section 140.488)" is inserted after the word "standard".

89 Ill. Adm. Code 140.562

No changes were made to this amendment during the First Notice period.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will these Adopted Amendments replace Emergency Amendments currently in effect? Yes

14) Are there any Amendments pending on this Part? Yes

Section Numbers Proposed Action Illinois Register Citation

140.17 Amendment November 30, 1990 (14 Ill. Reg. 18982)

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| <u>Section Numbers</u> | <u>Proposed Action</u> | <u>Illinois Register Citation</u> |
|------------------------|------------------------|--|
| 140.71 | Amendment | December 21, 1990 (14 Ill. Reg. 20170) |
| 140.457 | Amendment | December 21, 1990 (14 Ill. Reg. 20170) |
| 140.458 | Amendment | December 21, 1990 (14 Ill. Reg. 20170) |
| 140.459 | Amendment | December 21, 1990 (14 Ill. Reg. 20170) |
| 140.490 | Amendment | December 7, 1990 (14 Ill. Reg. 19132) |
| 140.523 | Amendment | September 14, 1990 (14 Ill. Reg. 14681) |
| 140.850 | New Section | December 14, 1990 (14 Ill. Reg. 19592) |
| 140.855 | New Section | December 14, 1990 (14 Ill. Reg. 19592) |
| 140.860 | New Section | December 14, 1990 (14 Ill. Reg. 19592) |
| 140.865 | New Section | December 14, 1990 (14 Ill. Reg. 19592) |
| 140.870 | New Section | December 14, 1990 (14 Ill. Reg. 19592) |
| 140.875 | New Section | December 14, 1990 (14 Ill. Reg. 19592) |
| 140.880 | New Section | December 14, 1990 (14 Ill. Reg. 19592) |
| 140.885 | New Section | December 14, 1990 (14 Ill. Reg. 19592) |
| 140.890 | New Section | December 14, 1990 (14 Ill. Reg. 19592) |
| 140.895 | New Section | December 14, 1990 (14 Ill. Reg. 19592) |

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| <u>Section Numbers</u> | <u>Proposed Action</u> | <u>Illinois Register Citation</u> |
|------------------------|------------------------|---|
| 140.Table K | New Section | December 14, 1990 (14 Ill. Reg. 19592) |
| 140.Table L | New Section | December 14, 1990 (14 Ill. Reg. 19592) |

15) Summary and Purpose of Adopted Amendments:

89 Ill. Adm. Code 140.485 thru 140.488 and 140.Table A

This rulemaking describes the Healthy Kids program, and the services which are covered, and reimbursement for the Healthy Kids services. The rulemaking specifies timeliness requirements for the various Healthy Kids activities. Finally, this rulemaking includes a periodicity schedule, a list of immunizations, and a list of diagnostic procedures.

89 Ill. Adm. Code 140.562

This rulemaking provides for a 7.1% nursing wage adjustment factor to be included in the reimbursement rate paid long term care providers for the period July 1, 1990 through June 30, 1992.

16) Information and questions regarding these Adopted Amendments shall be directed to:

89 Ill. Adm. Code 140.485 thru 140.488 and 140.Table A

Name: Anita Williams, Staff Attorney
Office of the General Counsel

Address: Illinois Department of Public Aid
Jesse B. Harris Building II
100 South Grand Avenue East, 3rd Floor
Springfield, Illinois 62762

Telephone: (217) 782-1233

89 Ill. Adm. Code 140.562

Name: Daniel Leikvold, Staff Attorney
Office of the General Counsel

Address: Illinois Department of Public Aid
Jesse B. Harris Building II

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

100 South Grand Avenue East, 3rd Floor
Springfield, Illinois 62762

Telephone: (217) 782-1233

The full text of the Adopted Amendments begin on the next page:

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NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 140
MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

Section

140.1
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140.3

Incorporation By Reference
Medical Assistance Programs
Covered Services Under The Medical Assistance
Programs for AFDC, AFDC-MANG, AABD, AABD-MANG, RRP,
Individuals Under Age 18 Not Eligible for AFDC,
Pregnant Women Who Would Be Eligible if the Child
Were Born and Pregnant Women and Infants Under Age
One Year Who Do Not Qualify As Mandatory
Categorically Needy

140.4

Covered Medical Services Under AFDC-MANG for
non-pregnant persons who are 18 years of age or
older (Repealed)

140.5
140.6
140.7

Covered Medical Services Under GA and AMI
Medical Services Not Covered
Medical Assistance Provided to Individuals Under the
Age of Eighteen Who Do Not Qualify for AFDC and
Children Under Age Six

140.8

Medical Assistance For Qualified Severely Impaired
Individuals

140.9

Medical Assistance for a Pregnant Woman Who Would
Not Be Categorically Eligible for AFDC/AFDC-MANG if
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Mandatory Categorically Needy

140.10

Medical Assistance Provided to Incarcerated Persons

SUBPART B: MEDICAL PROVIDER PARTICIPATION/DRUG MANUAL

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140.14

Enrollment Conditions for Medical Providers
Participation Requirements for Medical Providers
Definitions
Denial of Application to Participate in the Medical
Assistance Program

140.15

Recovery of Money

140.16

Termination of a Vendor's Eligibility to Participate
in the Medical Assistance Program

140.17

Suspension of a Vendor's Eligibility to Participate
in the Medical Assistance Program

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140.18 Effect of Termination on Individuals Associated with Vendor
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140.20 Subsequent to Termination, Suspension or Barring
140.21 Submittal of Claims
140.21 Covered Medicaid Services for Qualified Medicare Beneficiaries (QMBs)
140.22 Magnetic Tape Billings
140.23 Payment of Claims
140.24 Payment Procedures
140.25 Overpayment or Underpayment of Claims
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140.27 Assignment of Vendor Payments
140.28 Record Requirements for Medical Providers
140.30 Audits
140.35 False Reporting and Other Fraudulent Activities
140.40 Prior Approval for Medical Services or Items
140.41 Prior Approval in Cases of Emergency
140.42 Limitation on Prior Approval
140.43 Post Approval for items or Services When Prior Approval Cannot Be Obtained
140.71 Drug Manual (Recodified)
140.72 Drug Manual (Recodified)
140.73 Drug Manual Updates (Recodified)

SUBPART C: HOSPITAL SERVICES

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140.94 Hospital Services (Recodified)
140.95 Participation (Recodified)
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140.98 Covered Hospital Services (Recodified)
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140.101 Transplants (Recodified)
140.102 Heart Transplants (Recodified)
140.103 Liver Transplants (Recodified)
140.104 Bone Marrow Transplants (Recodified)
140.110 Disproportionate Share Hospital Adjustments (Recodified)
140.116 Payment for Inpatient Services for GA (Recodified)
140.117 Hospital Outpatient and Clinic Services (Recodified)
140.200 Payment for Hospital Services During Fiscal Year 1982 (Recodified)
140.201 Payment for Hospital Services After June 30, 1982 (Repealed)

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140.202 Payment for Hospital Services During Fiscal Year 1983 (Recodified)
140.203 Limits on Length of Stay by Diagnosis (Recodified)
140.300 Payment for Pre-operative Days and Services Which Can Be Performed in an Outpatient Setting (Recodified)
140.350 Copayments (Recodified)
140.360 Payment Methodology (Recodified)
140.361 Non-Participating Hospitals (Recodified)
140.362 Pre July 1, 1989 Services (Recodified)
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140.368 Volume Adjustment (Repealed)
140.369 Groupings (Recodified)
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140.371 Payment (Recodified)
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140.373 Utilization (Repealed)
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140.390 Subacute Alcoholism and Substance Abuse Services (Recodified)
140.391 Definitions (Recodified)
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 140.966 Transfer of Recipients (Recodified)
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AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act (Ill. Rev. Stat. 1989, ch. 111 1/2, par. 6503-1 et seq.) and implementing and authorized by Articles III, IV, V, VI, VII and Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13)

SUBPART H: ILLINOIS COMPETITIVE ACCESS AND REIMBURSEMENT EQUITY (ICARE) PROGRAM

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; recodified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8

Section

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 140.944 Notification of Negotiations (Recodified)
 140.946 Hospital Participation in ICARE Program Negotiations (Recodified)
 140.948 Negotiation Procedures (Recodified)
 140.950 Factors Considered in Awarding ICARE Contracts (Recodified)
 140.952 Closing an ICARE Area (Recodified)
 140.954 Administrative Review (Recodified)
 140.956 Payments to Contracting Hospitals (Recodified)
 140.958 Admitting and Clinical Privileges (Recodified)
 140.960 Inpatient Hospital Care or Services by Non-Contracting Hospitals Eligible for Payment (Recodified)

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111. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill.

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Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140. Table H and 140. Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147. Table A and 147. Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg.

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125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7025, effective April 24, 1989; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813,

effective November 6, 1990; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section 140.485 Mediehek-Services-Healthy Kids Program

- a) Payment-for-the-provision-of-Mediehek-screening-services-shall-be-made-to-physicians,clinics,hospitals-and-other-facilities-designated-by-the-Illinois-Department-of-Public-Aid--The-names-of-Mediehek-providers-are-available-from-the-Department's-local-offices-or-Central-office.
- b) Covered-Services
- 1) Complete-physical-and-mental-health-exam-according-to-the-following-periodic-medical-care-schedule:
- A) Birth---1-month
 - B) 1-month-1-day---3-months-
 - C) 3-months-1-day---5-months
 - D) 5-months-1-day---8-months-
 - E) 8-months-1-day---12-months
 - F) 12-months-1-day---18-months-
 - G) 18-months-1-day---2-years
 - H) 2-years-1-day---4-years-
 - I) 4-years-1-day---6-years-----SCHOOL-EXAM
 - J) 6-years-1-day---9-years-
 - K) 9-years-1-day---12-years-----SCHOOL-EXAM
 - L) 12-years-1-day---16-years-----SCHOOL-EXAM

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(Cont'd)

- 1) 16-years-1-day---21-years
- 2) The-recommended-screening-procedures-for-a-mediehek-exam-are-found-in-TABLE-A-(at-the-end-of this-Part).
- 3) Other-procedures-when-clinically-indicated-in-the-opinion-of-the-physician,-including-serologic-test-for-syphilis,-gonococcus-culture-and-papanicolaou-smear.
- 4) The-Department-also-provides-recipients-with-dental-referral-for-children-three-years-of-age-and-older-and-with-support-services-including-assistance-with-scheduling-appointments-and-transportation.

a) Program Description

- 1) The Healthy Kids Program is the Early and Periodic Screening, Diagnosis and Treatment Program mandated by the Social Security Act (see 42 U.S.C. 1396a(43), 1396d(4)(B)(Supp. 1987)). The goals of the program are to:

- A) improve the health status of Medicaid-eligible children ages birth through twenty (20) years through the provision of preventive medical care and early diagnosis and treatment of conditions threatening the child's health; and
- B) reduce the long term costs of medical care to eligible children.

- 2) The Department strives to achieve these goals by offering the following services at no cost to an eligible child, except as may be limited by a spend down requirement:

- A) Periodic and interperiodic health, vision, hearing and dental screening services to meet the health care needs of children (see Section 140.488(a) through (d)).

- B) immunizations against childhood diseases (see Section 140.488(e));
- C) diagnostic laboratory procedures as described in Section 140.488(f).
- D) further diagnosis or treatment necessary to correct or ameliorate defects and physical or mental illnesses or conditions which are discovered or determined to have increased in severity by a provider as the result of a periodic or interperiodic health, vision, hearing or dental screening.
- E) referral for dental care beginning at age two (2); and
- F) assistance in locating a provider, scheduling an appointment and in arranging transportation to and from the source of medical care.

- 3) The Department also strives to protect each eligible person's right to freedom of choice regarding participation and selection of a health care provider and the right to continuity of care.

b) Eligibility

Services are available to those persons listed in Section 140.3, except that such persons must be under twenty-one (21) years of age at the time of receiving such services.

c) Provider Participation

Providers of Healthy Kids services must be duly licensed or certified according to applicable Federal or State law or rule and be enrolled in the Illinois Medical Assistance Program to provide one or more Healthy Kids Program services as authorized in Title XIX of the Social Security Act and the Illinois Medical Assistance Program State Plan (as set forth in Sections 140.11 thru 140.835).

d) Program Activities and Services

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Section 140.485 Mediehek-Serviees-Healthy Kids Program
(Cont'd)

1) Informing Clients

The Department shall inform eligible persons in writing about the benefits of preventive health care, the services which are available, and procedures by which eligible persons may request and receive assistance in identifying an enrolled provider, scheduling an appointment or arranging transportation to and from the source of medical care. Effective July 1, 1990, the Department shall also notify Medicaid-eligible pregnant women, postpartum women during the six (6) months after termination of pregnancy, women up to one (1) year postpartum who are breastfeeding their infants or children below the age of five (5) years of their potential eligibility for receiving services through the Special Supplemental Food Program for Women, Infants and Children which is administered by the Illinois Department of Public Health (IDPH). The informing of eligible persons shall be done as described in the Timeliness Standards contained in Section 140.487.

2) Periodic Medical Screenings

The Department will pay for a series of periodic medical screenings scheduled from a person's birth through age twenty (20). The Periodicity Schedule of screenings is contained in Section 140.488. The Department will pay for additional health screenings when necessary for:

- A) enrollment in school; or
- B) enrollment in a licensed day care program, including Headstart; or
- C) placement in a licensed child welfare facility, including a foster home, group home or child care institution; or
- D) attendance at a camping program; or
- E) participation in an organized athletic program; or

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(Cont'd)

- F) enrollment in an early childhood education program recognized by the Illinois State Board of Education; or
- G) participation in a Women, Infant and Children (WIC) program; or
- H) is requested by a child's parent, guardian or custodian, or is determined to be necessary by social services, developmental, health, or educational personnel.

3) Dental Screenings

- A) Dental services shall include services for relief of pain and infections, restoration of teeth, and maintenance of dental health, including instruction in self care oral hygiene procedures.
- B) Eligible persons shall be referred for dental screenings beginning at age two (2) if the person is not in the continuing care of an enrolled dental provider, except that a child younger than age two (2) years may be referred for dental services when any health screening indicates the need for dental services.
- C) The periodicity schedule for dental screening services is contained in Section 140.488. The Department will pay for one (1) dental screening per age period unless a second screening is medically necessary.

4) Vision Screening

- A) The Department will pay for vision screening services, and diagnosis and treatment for defects in vision, including glasses.
- B) The periodicity schedule for vision screenings is contained in Section 140.488. The Department will pay for one (1) vision screening per age period, except when a

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(Cont'd)

second screening is determined to be medically necessary.

5)

Hearing Screening

The Department will pay for hearing screenings and diagnosis and treatment for defects in hearing, including hearing aids. The periodicity schedule for hearing screenings is contained in Section 140.488. The Department will pay for one (1) hearing screening per age period, except when a second screening is determined to be medically necessary.

6)

Immunizations

The Department will pay for the immunization of eligible children against childhood diseases. The list of covered immunizations is contained in Section 140.488(b).

7)

Diagnostic Procedures

The Department will pay for the administration of medically necessary diagnostic procedures performed during or as the result of medical screenings.

8)

Treatment

The Department shall pay for necessary medical care (see Section 140.2), diagnostic services, treatment or other measures medically necessary (e.g., medical equipment and supplies) to correct or ameliorate defects, and physical and mental illnesses and conditions which are discovered or determined to have increased in severity by medical, vision, hearing or dental screening services.

9)

Assistance Services

The Department shall, upon request, provide assistance to eligible children and their parent, guardian or custodian to locate a provider.

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(Cont'd)

schedule an appointment or arrange transportation to and from the source of medical care.

10)

Timeliness Standards

The Timeliness Standards in Section 140.487 will govern the completion of required activities and services.

e)

Reimbursement to Providers

1)

Fee-for-service

Payment will be made at the provider's usual and customary charges or the established Department rate(s) (see Section 140.400), whichever is less. Reimbursement for immunizations administered to an eligible person will be made in one of two ways at the choice of the provider:

A)

The provider will receive payment for the cost of the vaccine and administration at rates established by the Department; or

B)

The provider will receive payment for administering the immunization at a rate established by the Department and receive replacement vaccine(s) as explained in subsection (e)(3).

2)

Claims

Claims for reimbursement shall be submitted on the form and in a manner specified by the Department.

3)

Vaccine Replacement Program

When a provider requests, either verbally or in writing, to receive replacement vaccines as part of reimbursement as discussed in subsection (e)(1), the vaccine(s) are replaced to the provider through the Vaccine Replacement Program which is administered jointly by the Department and the IDPH. Providers must be annually certified for participation in the Vaccine

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Section 140.485 Medicheck-Serviees-Healthy Kids Program
(Cont'd)

Replacement Program by IDPH before receiving replacement vaccines. Information on the Vaccine Replacement Program and certification procedures (set forth at 42 CFR 51b), may be obtained by contacting:

Immunization Vaccine Replacement Program--
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

f) Limitations on Services

Services under the Healthy Kids Program shall only be available to persons in the age groups from birth through age twenty (20). Coverage of and payments for services shall be consistent with the requirements of Section 1905 of the Social Security Act (42 U.S.C. 1396d) as it relates to the Early and Periodic Screening, Diagnosis and Treatment Program.

g) Record Requirements

The provider shall comply with record requirements as set forth in Section 140.28.

(Source: Amended at 15 Ill. Reg. 298, effective December 28, 1990)

Section 140.486 Limitations on Medicheck Services (Repealed)

Serviees under the Medicheck Program shall be available to persons in the age groups from birth through age 20. The periodicity of the examinations shall conform to these regulations applicable under Title XIX of the Social Security Act (42 USC 1396). No payments shall be made for persons over age 21 or at intervals more frequent than that established in the Department's periodic screening schedule.

(Source: Repealed at 15 Ill. Reg. 298, effective December 28, 1990)

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Section 140.487 Payment-on-Medicheck-Serviees-Healthy Kids
Program Timeliness Standards

Payment-for-Medicheck-services-is-made-at-the-provider's-usual-and-customary-charges-of-the-established-Medicheck-fee-schedule-which-ever-is-less.--The-Department's-fee-schedule-may-be-received-from-the-Department-by-sending-a-written-request-to-Bureau-of-Provider-Services, 931 East Washington, Springfield, Illinois. These timeliness standards for required Healthy Kids services or activities apply regardless of the source from which medical or dental care is provided.

a) Activity 1: Informing Eligible Families1) Description:

The Department shall inform eligible families in writing about the Healthy Kids Program, including: the importance of preventive health care; the services which are available; how to request assistance in identifying a willing and qualified provider or how to request assistance in obtaining transportation to and from health care appointments; and that the services are available at no cost to an eligible recipient, except as may be limited by a spenddown requirement.

2) Timeliness Standards:

A) At the time of application for public assistance, the applicant will be informed orally by the intake worker and in writing.

B) An applicant determined to be eligible for benefits shall be informed by mail within sixty (60) calendar days of the date of the determination of eligibility for Medicaid services.

C) All eligible persons shall be informed annually by mail.

b) Activity 2: Notification of Scheduled Health, Vision, Hearing and Dental Screening Periods1) Description:

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Payment-on-Medicaid-Services-Healthy Kids
Program Timeliness Standards (Cont')

Eligible persons shall be notified in writing of
scheduled health, vision, hearing and dental
screening periods.

2) Timeliness Standard:

The child or the caretaker relative (see 89 Ill.
Adm. Code 101.20) shall receive notification of
the next scheduled health, vision, hearing and
dental screening periods not less than 10 working
days before the date on which the screening
period begins as determined by the child's
birthday, the Periodicity Schedule and the most
recent date of the child's eligibility for
services.

c) Activity 3: Administration of a Health, Vision,
Hearing, or Dental Screening1) Description:

A health, vision, hearing or dental screening
shall be performed by a provider who is enrolled
with the Illinois Medical Assistance Program.

2) Timeliness Standard:

A health, vision, hearing or dental screening
shall occur, to the extent possible, during the
next scheduled screening period as determined by
the child's birthday, the most recent date of the
child's eligibility and the periodicity schedules
for screenings.

d) Activity 4: Diagnosis1) Description:

Diagnosis is the provider's assessment of a
child's current state of health or disease.

2) Timeliness Standards:

A) The diagnosis shall be made at the
conclusion of the screening, except that the
diagnosis may be deferred until the provider

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Payment-on-Medicaid-Services-Healthy Kids
Program Timeliness Standards (Cont')

receives the results of laboratory tests
when such tests are required to establish
the diagnosis.

B) The provider shall orally inform the adult
responsible for the child of the diagnosis
immediately or within 24 hours, unless
prohibited by confidentiality rules. In
such cases, the provider shall inform the
child of the diagnosis within 24 hours and
inform the responsible adult only with the
child's written consent.

C) If the provider suspects that a child has
been abused or neglected as defined in the
Abused and Neglected Child Reporting Act
(Ill. Rev. Stat. 1989, ch. 23, pars. 2051
thru 2061.7), the provider shall immediately
make a report to the Illinois Department of
Children and Family Services.

e) Activity 5: Referral for Treatment1) Description:

When a provider determines that a child is in
need of treatment for a condition discovered or
determined to have increased in severity during a
screening, the provider shall arrange to provide
the needed treatment directly or shall refer the
client for treatment. Referral for treatment
shall include one or more of the following
actions: informing the client (or client's
caretaker) of the type of provider from whom
treatment should be sought; or providing the
client (or client's caretaker) with the name and
address of a provider qualified to provide the
needed treatment; or making an appointment for
the client with a provider qualified to provide
the needed treatment.

2) Upon request of an eligible person or
notification by a qualified provider of an
eligible person's need for referral assistance as
the result of a screening, the Department shall
refer the eligible person to a provider for

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Section 140.487 Payment-on-Medicaid-Services-Healthy Kids
Program Timeliness Standards (Cont')

treatment of a diagnosed or suspected condition, whether or not the treatment needed is a covered service. The eligible person shall be consulted about the referral, except when such consultation may jeopardize the health and safety of the child (e.g., cases of suspected child abuse or neglect). In making the referral, the Department shall first consider referral of the eligible person to other Federal and State-funded programs (e.g., services to crippled children and alcohol/drug abuse intervention) when such programs may be capable of treating or arranging treatment for the condition.

3) Timeliness Standard:

Referral, as defined above, shall be made within thirty (30) days of the request or identification of need, except that such referral shall be made immediately when the child is in imminent danger.

f) Activity 6: Treatment1) Description:

Treatment is the provision of health care needed to correct or ameliorate defects and physical and mental illnesses and conditions discovered or determined to have increased in severity by a qualified provider as the result of a screening.

2) Timeliness Standard:

Treatment consistent with recognized standards of medical or dental practice shall begin no more than sixty (60) days after the diagnosis of the child's condition, unless medically contraindicated, except that treatment shall begin sooner when the diagnosed condition requires it.

g) Activity 7: Scheduling and Transportation Assistance1) Description:

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Section 140.487 Payment-on-Medicaid-Services-Healthy Kids
Program Timeliness Standards (Cont')

Upon oral or written request of a recipient, the Department shall provide assistance to identify a provider, to schedule an appointment with a provider or to arrange transportation to and from the source of medical or dental care.

2) Timeliness Standards:

A) The Department shall determine the recipient's need for the requested assistance within ten (10) working days of the request.

B) The Department shall arrange or provide the needed assistance in time to assure that the recipient receives services within the periodicity schedule or the treatment timeliness standard (see Section 140.488).

h) Activity 8: Coordination with the Women, Infant and Children (WIC) Special Supplemental Food Program1) Description:

The Department shall inform Medicaid-eligible pregnant women, postpartum women during the six (6) months after termination of their pregnancy, women up to one (1) year postpartum who are breastfeeding their infants and children below the age of five (5) years in writing of the availability of WIC Program benefits and procedures for accessing WIC services.

2) Timeliness Standards

A) The Department shall in writing inform individuals found eligible for Medicaid services and who are also eligible for WIC Program services of the availability of WIC Program benefits and procedures for accessing such services within sixty (60) days of such persons being determined eligible for Medicaid services.

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Section 140.487 Payment-on-Medicare-Services-Healthy Kids Program Timeliness Standards (Cont')

- B) The Department shall also annually notify such persons in writing of the availability of WIC Program benefits and procedures for accessing such services.

(Source: Amended at 15 Ill. Reg. 298__, effective December 28, 1990)

Section 140.488 Periodicity Schedules, Immunizations and Diagnostic Laboratory Proceduresa) Health Screening Periodicity Schedule

Eligible clients may receive one (1) periodic health screening during each of the following time periods, except a second screening may be given as explained in Section 140.485(d)(2):

- 1) Birth to 02 weeks;
- 2) 02 weeks to 01 month;
- 3) 01 to 02 months;
- 4) 02 to 04 months;
- 5) 04 to 06 months;
- 6) 06 to 09 months;
- 7) 09 to 12 months;
- 8) 12 to 15 months;
- 9) 15 to 18 months;
- 10) 18 to 24 months;
- 11) 02 to 03 years;
- 12) 03 to 04 years;
- 13) 04 to 05 years;

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Section 140.488 Periodicity Schedules, Immunizations and Diagnostic Laboratory Procedures (Cont'd)

- 14) 05 to 06 years;
- 15) 06 to 08 years;
- 16) 08 to 10 years;
- 17) 10 to 12 years;
- 18) 12 to 14 years;
- 19) 14 to 16 years;
- 20) 16 to 18 years; and
- 21) 18 to 21 years.

b) Vision Screening Periodicity Schedule

- 1) Vision screening using age appropriate methods shall be part of all periodic or interperiodic health screenings.
- 2) Beginning at age three (3) through twenty (20) years, the Department will pay for one vision screening performed by a qualified provider per year for an eligible child. However, the Department will pay for other such screenings when medically necessary, regardless of a child's age or medical history.

c) Hearing Screening Periodicity Schedule

- 1) Hearing screening using age appropriate methods shall be part of all periodic or interperiodic health screenings.
- 2) Beginning at age one (1) year for children at high risk for hearing problems and age three (3) years for all other children, the Department will pay for one hearing screening performed by a qualified provider per year for an eligible child. However, the Department will pay for other such screenings when medically necessary, regardless of a child's age or medical history.

d) Dental Screenings Periodicity Schedule

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Section 140.488 Periodicity Schedules, Immunizations and Diagnostic Laboratory Procedures (Cont'd)

- 1) Examination of a child's oral cavity, including the status of the teeth and gums, shall be part of each periodic or interperiodic health screening.
- 2) Beginning at age two (2) through twenty (20) years, the Department will pay for one clinical oral examination per year and oral prophylaxis not more frequently than once every six (6) months performed by an enrolled dentist. However, the Department will pay for other such services when medically necessary, regardless of a child's age or medical history.

e) Immunizations

The following immunizations are available to eligible clients:

- 1) Diphtheria-Tetanus-Pertussis (DPT) 1;
- 2) DPT 2;
- 3) DPT 3;
- 4) DPT Booster 1;
- 5) DPT Booster 2;
- 6) Oral Polio Vaccine (OPV) 1;
- 7) OPV 2;
- 8) OPV 3;
- 9) OPV Booster 1;
- 10) OPV Booster 2;
- 11) Diphtheria-Tetanus (Td) 1;
- 12) Td 2;
- 13) Td 3;
- 14) Td Booster 1;

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Section 140.488 Periodicity Schedules, Immunizations and Diagnostic Laboratory Procedures (Cont'd)

- 15) Td Booster 2;
- 16) Measles;
- 17) Rubella;
- 18) Mumps;
- 19) Measles/Mumps/Rubella (M/M/R);
- 20) Measles/Rubella; and
- 21) Haemophilus b Conjugated.

f) Diagnostic Laboratory Procedures

The Department will pay for covered diagnostic laboratory procedures as medically necessary including but not limited to:

- 1) Urinalysis, routine (ph specific gravity, protein tests for reducing substances such as glucose), with microscopy;
- 2) Urinalysis routine without microscopy;
- 3) Chemical, qualitative, any number of constituents;
- 4) Cholesterol, serum; total;
- 5) Cholesterol, serum; total and ester;
- 6) Lead Screening, Blood Lead; Erythrocyte Protoporphyrin (EP);
- 7) Gonadotropin, chorionic quantitative pregnancy test;
- 8) Gonadotropin, chorionic qualitative pregnancy test;
- 9) Hematocrit;
- 10) Hemoglobin Colorimetric;
- 11) Sickie RBC, reduction slide method;

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Section 140.488 Periodicity Schedules, Immunizations and Diagnostic Laboratory Procedures (Cont'd)

- 12) Hemoglobin Electrophoresis;
- 13) Sickie Hemoglobin;
- 14) Tuberculosis intradermal;
- 15) TB Tine Test;
- 16) Syphilis Test, qualitative;
- 17) GC Culture Test, bacterial screening only;
- 18) Culture presumptive, pathogenic organisms screening only;
- 19) Culture, multiple organisms;
- 20) Urine culture colony count;
- 21) Urine bacteria count, commercial kit;
- 22) Urine bacteria culture, identification, in addition to colony count and commercial kit;
- 23) Chlamydia Culture;
- 24) Pap Smear, Cytopathology;
- 25) Epidemiological study of a child's living environment when a child has been diagnosed as having an abnormally high blood lead level;
- 26) Denver Developmental Screening Test; and
- 27) Other developmental tests which may be approved by the Department.

(Source: Added at 15 Ill. Reg. 298, effective December 28, 1990)

SUBPART E: GROUP CARE

Section 140.562 Nursing Costs

- a) The Department reimburses for nursing costs based on

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NOTICE OF ADOPTED AMENDMENTS

Section 140.562 Nursing Costs (Cont'd)

geographic area in which the facility is based, and the level of care the facility (or distinct part thereof) is licensed to provide. Nursing costs also include an increment to reimburse for patients requiring skilled care for differences in support cost areas statistically related to variable patient conditions. For residents in Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF), the Department reimburses for nursing costs according to Sections 140.900 through 140.907; for residents in Skilled Nursing Facilities for Pediatrics (SNF/PED) or Intermediate Care Facilities for the Medically Retarded (ICF/MR), the Department reimburses for nursing costs according to Sections 140.850 through 140.885.

- b) For the period July 1, 1986, through December 31, 1986, no facility's rate of reimbursement for Nursing Services shall be less than 90% of the rate of reimbursement for Nursing Services that facility received for the period January 1, 1986, through June 30, 1986.
- c) For the period July 1, 1986 through December 31, 1986, the Department shall perform an additional computation for the rate of reimbursement for Nursing Services.

1) For intermediate and skilled care facilities, the additional computation is as follows:

- A) Unadjusted nursing rates will be computed according to Section 140.905.
- B) The unadjusted nursing rate will be compared to 90 percent of the previous effective rate for Nursing Services for each facility. The greater of the two rates will be the "hold harmless" nursing rate.
- C) The mean difference between the "hold harmless" nursing rates and the previous effective nursing rates will be computed for each HSA area. This difference will be an interim base for the HSA area.
- D) The adjusted nursing rate will be the sum of

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Section 140.562 Nursing Costs (Cont'd.)

the "hold harmless" nursing rate and the interim base rate.

- 2) For intermediate and skilled care facilities for the developmentally disabled, the additional computation is as follows:

- A) Unadjusted nursing rates will be computed according to Section 140.885.
- B) The mean difference between the unadjusted nursing rates and the previous effective nursing rates will be computed for each licensure group. This difference will be an interim base rate for the licensure group.
- C) The adjusted nursing rate will be the sum of the unadjusted nursing rate and the interim base rate.

- d) For the period January 1, 1987 through June 30, 1987, the nursing rate component for any skilled and intermediate care facility (not including facilities for the developmentally disabled) will be the higher of either the rate for the prior rate period (July 1, 1986 through December 31, 1986) or the rate as calculated according to Subpart G.

- e) For the period January 1, 1987 through June 30, 1987, the nursing rate component for facilities for the developmentally disabled will be the same as for the prior rate period (July 1, 1986 through December 31, 1986).

- f) For the period July 1, 1987, through December 31, 1987, the nursing rate component (updated for wage inflation from January 1, 1987, through January 1, 1988, as computed in Sections 140.909(b)(1)(A)(iv) and (v)) for long term care facilities for the developmentally disabled will be the same as for the prior rate period (January 1, 1987, through June 30, 1987).

- g) For the period January 1, 1988 through June 30, 1988, the nursing rate component for facilities for the developmentally disabled will be the same as for the

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Section 140.562 Nursing Costs (Cont'd.)

prior rate period (July 1, 1987 through December 31, 1987).

- h) For the period July 1, 1989 through December 31, 1989 and the period January 1, 1990 through June 30, 1990 1992, nursing rates established for all long term care facilities with a SNF, ICF, or ICF-MI license shall be increased by a 7.1% nursing wage adjustment factor.

(Source: Amended at 15 Ill. Reg. 298, effective December 28, 1990)

SUBPART H: ILLINOIS COMPETITIVE ACCESS AND REIMBURSEMENT
EQUITY (ICARE) PROGRAM

Section 140.TABLE A Medichex Recommended Screening
Procedures (Repealed)

- | | | |
|---|---|-------------------------------|
| a) Health History & Nutritional Status | Include developmental history | Every periodic exam |
| b) Measurements | Weight, length or height | Every periodic exam |
| | Head circumference | 1 through 7 and 9 |
| c) Physical Inspection | Complete and unelothed | Every periodic exam |
| | Development Assessment | 1 through 9 |
| d) Blood Pressure | | 8 through 13 |
| e) Eye Observation (include response to visual stimulation) | | Every periodic exam |
| f) Ear Examination (include response to sound) | | Every periodic exam |
| h) Dental Assessment | | 8 through 13 |
| i) Tuberculin Test | When clinically indicated or if not previously done | 5 and 9 |
| | | 6 through 8 and 10 through 13 |
| j) Hematoecrit or Hemoglobin | | 5 and 9 and 11 and 12 |

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Section 140. TABLE A Medichesk Recommended Screening Procedures (Repealed) (Cont'd)

- 1) For low-birth-weight or other high-risk infant 2-through-4
- 2) When clinically indicated or if not previously done 6-and-7, 10-and-13
- k) Urinalysis 6-and-8-through-13
- When clinically indicated or if not previously done 7
- 1) Immunization Review (and provision as indicated) Every periodic exam
- m) Blood lead test To be done between 9 months and 6 years when child is considered at risk
- n) Sickle Cell Test ONLY ONCE --- on infant or young child only when Sickle Cell Anemia is suspected, or on child entering puberty only when resources for electrophoresis and genetic counseling are available

(Source: Repealed at 15 Ill. Reg. 298, effective December 28, 1990)

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NOTICE OF EMERGENCY AMENDMENT

- 1) The Heading of the Part: AID TO FAMILIES WITH DEPENDENT CHILDREN
- 2) Code Citation: 89 Ill. Adm. Code 112
- 3) Section Number: Emergency Action: 112.340 New Section
- 4) Statutory Authority: Sections 4-15 and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, Ch. 23, Pars. 4-15 and 12-13)
- 5) Effective Date of Emergency Amendment: January 1, 1991
- 6) If this Emergency Amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: Not applicable
- 7) Date Filed in Agency's Principal Office: January 1, 1991
- 8) Reason for Emergency: This rule is required by House Bill 3164, recently enacted into law during the veto session. The Bill was effective upon becoming law.
- 9) A Complete Description of the Subjects and Issues Involved: This rulemaking provides that individuals released from a Department of Corrections facility who are qualified applicants and who appear for the interview scheduled for them prior to their release by DOC are eligible to receive a one time assistance payment, called a New Start Payment, in the amount of the monthly payment level for the assistance unit size.
- 10) Are there any Proposed Amendments pending to this Part? Yes
- | Section Numbers | Proposed Action | Illinois Register Citation |
|-----------------|-----------------|--|
| 112.64 | Amendment | December 7, 1990 (14 Ill. Reg. 19568) |
| 112.143 | Amendment | October 2, 1990 (14 Ill. Reg. 16768) |
- 11) Statement of Statewide Policy Objectives: This rulemaking has no effect on local governmental units.
- 12) Information and questions regarding this Emergency Amendment shall be directed to:

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Name: Anita Williams, Staff Attorney
Office of the General Counsel

Address: Illinois Department of Public Aid
Jesse B. Harris Bldg. II
100 South Grand Avenue East, 3rd Flr.
Springfield, Illinois 62762

Telephone: (217) 782-1233

The full text of the Emergency Amendment begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 112
AID TO FAMILIES WITH DEPENDENT CHILDREN

SUBPART A: GENERAL PROVISIONS

| | |
|---------|---------------------------------------|
| Section | Description of the Assistance Program |
| 112.1 | Incorporation By Reference |
| 112.5 | |

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

| | |
|---------|--------------------------------------|
| Section | |
| 112.8 | Caretaker Relative |
| 112.9 | Client Cooperation |
| 112.10 | Citizenship |
| 112.20 | Residence |
| 112.30 | Age |
| 112.40 | Relationship |
| 112.50 | Living Arrangement |
| 112.52 | Social Security Numbers |
| 112.54 | Assignment of Medical Support Rights |
| 112.60 | Lack of Parental Support or Care |
| 112.61 | Death of a Parent |
| 112.62 | Incapacity of a Parent |
| 112.63 | Continued Absence of a Parent |
| 112.64 | Unemployment of the Parent |

SUBPART C: PROJECT CHANCE

| | |
|---------|---|
| Section | |
| 112.70 | Participation Requirements For Project Chance |
| 112.71 | Individuals Exempt From Project Chance |
| 112.72 | Project Chance Participation/Cooperation Requirements |
| 112.73 | Failure to Participate with the Work Incentive Demonstration Program (Renumbered) |
| 112.74 | Project Chance Initial Assessment |
| | Process/Development of an Employability Plan |
| 112.76 | Project Chance Orientation |
| 112.77 | Conciliation and Fair Hearings |
| 112.78 | Project Chance Components |
| 112.79 | Project Chance Sanctions |
| 112.80 | Good Cause for Failure to Comply With Project Chance Participation Requirements |
| 112.81 | Responsible Relative Eligibility For Project Chance |

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Section
112.82 Project Chance Supportive Services
112.83 Young Parents Program
112.84 Work Experience Evaluation Project
112.85 Four Year College/Vocational Training Demonstration Project

SUBPART E: PROJECT ADVANCE

Section
112.86 Project Advance
112.87 Project Advance Experimental and Control Groups
112.88 Project Advance Participation Requirements of Experimental Group Members and Adjudicated Fathers
112.89 Project Advance Cooperation Requirements of Experimental Group Members and Adjudicated Fathers
112.90 Project Advance Sanctions
112.91 Good Cause for Failure to Comply with Project Advance
112.93 Individuals Exempt From Project Advance
112.95 Project Advance Supportive Services

SUBPART F: EXCHANGE PROGRAM

Section
112.98 Exchange Program

SUBPART G: FINANCIAL FACTORS OF ELIGIBILITY

Section
112.100 Unearned Income
112.101 Unearned Income of Stepparent, Parent or Legal Guardian
112.105 Budgeting Unearned Income
112.106 Date of Application And/Or Date Of Decision
112.107 Initial Receipt of Unearned Income
112.108 Termination of Unearned Income
112.110 Exempt Unearned Income
112.115 Education Benefits
112.120 Incentive Allowances
112.125 Unearned Income In-Kind
112.126 Earmarked Income
112.127 Lump Sum Payments
112.128 Protected Income
112.130 Earned Income
112.131 Earned Income Tax Credit
112.132 Budgeting Earned Income
112.133 Date of Application And/Or Date Of Decision

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Section
112.134 Initial Employment
112.135 Budgeting Earned Income For Contractual Employees
112.136 Budgeting Earned Income For Non-Contractual School Employees
112.137 Termination of Employment
112.138 Transitional Payments
112.140 Exempt Earned Income
112.141 Earned Income Exemption
112.142 Exclusion From Earned Income Exemption
112.143 Recognized Employment Expenses
112.144 Income From Work/Study/Training Program
112.145 Earned Income From Self-Employment
112.146 Earned Income From Roomer and Boarder
112.147 Income From Rental Property
112.148 Payments from the Illinois Department of Children and Family Services
112.149 Earned Income In-Kind
112.150 Assets
112.151 Exempt Assets
112.152 Asset Disregards
112.153 Deferral of Consideration of Assets
112.154 Property Transfers
112.155 AFDC Income Limit

SUBPART H: PAYMENT AMOUNTS

Section
112.250 Grant Levels
112.251 Payment Levels in AFDC
112.252 Payment Levels in AFDC Group I Counties
112.253 Payment Levels in AFDC Group II Counties
112.254 Payment Levels in AFDC Group III Counties

SUBPART I: OTHER PROVISIONS

Section
112.300 Persons Who May Be Included in the Assistance Unit
112.301 Presumptive Eligibility
112.302 Monthly Reporting
112.303 Restrospective Budgeting
112.304 Budgeting Schedule
112.305 Strikers
112.306 Foster Care Program
112.307 Responsibility of Sponsors of Aliens
112.308 Special Needs Authorizations
112.309 Institutional Status
112.315 Young Parent Program (Renumbered)
112.320 Redetermination of Eligibility

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Section
112.330 Twelve Month Extension of Medical Assistance Due to Increased Income from Employment
112.331 Four Month Extension of Medical Assistance Due to Child Support Collections
112.332 Extension of Medical Assistance Due to Loss of Earned Income Disregard (Repealed)
112.340 New Start Payments to Individuals Released from Department of Correction Facilities
EMERGENCY

SUBPART J: CHILD CARE

Section
112.350 Child Care
112.352 Child Care Eligibility
112.354 Qualified Provider
112.356 Notification of Available Services
112.358 Participant Rights and Responsibilities
112.362 Additional Service to Secure or Maintain Child Care Arrangements
112.364 Rates of Payment for Child Care
112.366 Method of Providing Child Care

SUBPART K: TRANSITIONAL CHILD CARE

Section
112.400 Transitional Child Care Eligibility
112.404 Duration of Eligibility for Transitional Child Care
112.406 Loss of Eligibility for Transitional Child Care
112.408 Qualified Child Care Providers
112.410 Notification of Available Services
112.412 Participant Rights and Responsibilities
112.414 Child Care Overpayments and Recoveries
112.416 Fees for Service for Transitional Child Care
112.418 Rates of Payment for Transitional Child Care

AUTHORITY: Implementing Article IV and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, pars. 4-1 et seq. and 12-13)

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency

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amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979, peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041 effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982, amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective

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July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 11, 1983; rules repealed and new rules adopted and codified at 7 Ill. Reg. 2720, effective February 28, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 11284, effective August 26, 1983; amended at 7 Ill. Reg. 13920, effective October 7, 1983; amended at 7 Ill. Reg. 15890, effective November 9, 1983; amended (by adding sections being codified with no substantive change) at 7 Ill. Reg. 16105; amended at 7 Ill. Reg. 17344, effective December 21, 1983; amended at 8 Ill. Reg. 213, effective December 27, 1983; emergency amendment at 8 Ill. Reg. 569, effective January 1, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 4176, effective March 19, 1984; amended at 8 Ill. Reg. 5207, effective April 9, 1984; amended at 8 Ill. Reg. 7226, effective May 16, 1984; amended at 8 Ill. Reg. 11391, effective June 27, 1984; amended at 8 Ill. Reg. 12333, effective June 29, 1984; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17894; peremptory amendment at 8 Ill. Reg. 18127, effective October 1, 1984; peremptory amendment at 8 Ill. Reg. 19889, effective October 1, 1984; amended at 8 Ill. Reg. 19983, effective October 3, 1984; emergency amendment at 8 Ill. Reg. 21666, effective October 19, 1984 for a maximum of 150 days; amended at 8 Ill. Reg. 21621, effective October 23, 1984; amended at 8 Ill. Reg. 25023, effective December 19, 1984; amended at 9 Ill. Reg. 282, effective January 1, 1985; amended at 9 Ill. Reg. 4062, effective March 15, 1985; amended at 9 Ill. Reg. 8155, effective May 17, 1985; emergency amendment at 9 Ill. Reg. 10094, effective June 19, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11317, effective July 5, 1985; amended at 9 Ill. Reg. 12795, effective August 9, 1985; amended at 9 Ill. Reg. 15887, effective October 4, 1985; amended at 9 Ill. Reg. 16277, effective October 11, 1985; amended at 9 Ill. Reg. 17827 effective November 18, 1985; emergency amendment at 10 Ill. Reg. 354, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11172, effective January 10, 1986; amended at 10 Ill. Reg. 3641, effective January 30, 1986; amended at 10 Ill. Reg. 4885, effective March 7, 1986; amended at 10 Ill. Reg. 8118, effective May 1, 1986; amended at 10 Ill. Reg. 10628, effective June 1, 1986; amended at 10 Ill. Reg. 11017, effective June 6, 1986; Sections 112.78 through 112.86 and 112.88 recodified to 89 Ill. Adm. Code 160 at 10 Ill. Reg. 11928; emergency amendment at 10 Ill. Reg. 12107, effective July 1, 1986, for a

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maximum of 150 days; amended at 10 Ill. Reg. 12650, effective July 14, 1986; amended at 10 Ill. Reg. 14681, effective August 29, 1986; amended at 10 Ill. Reg. 15101, effective September 5, 1986; amended at 10 Ill. Reg. 15621, effective September 19, 1986; amended at 10 Ill. Reg. 21860, effective December 12, 1986; amended at 11 Ill. Reg. 2280, effective January 16, 1987; amended at 11 Ill. Reg. 3140, effective January 30, 1987; amended at 11 Ill. Reg. 4682, effective March 6, 1987; amended at 11 Ill. Reg. 5223, effective March 11, 1987; amended at 11 Ill. Reg. 6228, effective March 20, 1987; amended at 11 Ill. Reg. 9927, effective May 15, 1987; amended at 11 Ill. Reg. 12003, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 12432, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 12908, effective July 30, 1987; emergency amendment at 11 Ill. Reg. 12935, effective August 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 13625, effective August 1, 1987; amended at 11 Ill. Reg. 14755, effective August 26, 1987; amended at 11 Ill. Reg. 18679, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 18781, effective November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20114, effective December 4, 1987; Sections 112.90 and 112.95 recodified to Sections 112.52 and 112.54 at 11 Ill. Reg. 20610; amended at 11 Ill. Reg. 20889, effective December 14, 1987; amended at 12 Ill. Reg. 844, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1929, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 2126, effective January 12, 1988; SUBPARTS C, D and E recodified to SUBPARTS G, H and I at 12 Ill. Reg. 2136; amended at 12 Ill. Reg. 3487, effective January 22, 1988; amended at 12 Ill. Reg. 6159, effective March 18, 1988; amended at 12 Ill. Reg. 6694, effective March 22, 1988; amended at 12 Ill. Reg. 7336, effective May 1, 1988; amended at 12 Ill. Reg. 7673, effective April 20, 1988; amended at 12 Ill. Reg. 9032, effective May 20, 1988; amended at 12 Ill. Reg. 10481, effective June 13, 1988; amended at 12 Ill. Reg. 14172, effective August 30, 1988; amended at 12 Ill. Reg. 14669, effective September 16, 1988; amended at 13 Ill. Reg. 70, effective January 1, 1989; amended at 13 Ill. Reg. 6017, effective April 14, 1989; amended at 13 Ill. Reg. 8567, effective May 22, 1989; amended at 13 Ill. Reg. 16006, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16142, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 705, effective January 1, 1990; amended at 14 Ill. Reg. 3170, effective February 13, 1990; amended at 14 Ill. Reg. 3575, effective February 23, 1990; amended at 14 Ill. Reg. 6306, effective April 16, 1990; amended at 14 Ill. Reg. 10379, effective June 20, 1990; amended at 14 Ill. Reg. 13652, effective August 10, 1990; amended at 14 Ill. Reg. 14140,

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effective August 17, 1990; amended at 14 Ill. Reg. 16937, effective September 30, 1990; emergency amendment at 15 Ill. Reg. 338, effective January 1, 1991, for a maximum of 150 days.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

SUBPART I: OTHER PROVISIONS

Section 112.340 New Start Payments to Individuals Released
EMERGENCY from Department of Corrections Facilities

- a) Individuals released from a Department of Corrections (DOC) facility who are qualified applicants and who appear for the interview scheduled for them prior to their release by DOC are eligible to receive a one time assistance payment, called a New Start Payment, in the amount of the monthly payment level for the assistance unit size.
- b) The New Start Payment must be received by the client within ten (10) days following his/her release from the DOC facility.
- c) A qualified applicant is described as any specified relative (see 89 Ill. Adm. Code 101.20) of a child(ren) who is living with the child(ren) or who claims they will be living with the child(ren) in the future.
- d) The client is not required to be living with the child(ren) at the time of his/her release or at the time of the local office interview as long as the client claims he/she will be living with the child(ren) in the future.
- e) Notwithstanding anything else in this Section, the client is not eligible for a New Start Payment if the client is not a parent of the child(ren) for whom the client is applying and the child(ren) is presently receiving AFDC benefits with a parent.

(Source: Emergency rule added at 15 Ill. Reg. 338, effective January 1, 1991, for a maximum of 150 days)

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NOTICE OF EMERGENCY AMENDMENTS

- 1) The Heading of the Part: MEDICAL ASSISTANCE PROGRAMS
- 2) Code Citation: 89 Ill. Adm. Code 120
- 3) Section Numbers: Emergency Action:
120.61 Amendment
120.72 Amendment
120.74 Amendment
120.386 Amendment
- 4) Statutory Authority:
89 Ill. Adm. Code 120.61 and 120.386
Section 5-4 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, Ch. 23, Par. 5-4)
89 Ill. Adm. Code 120.72 and 120.74
Section 5-4 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, Ch. 23, Par. 5-4)
- 5) Effective Date of Emergency Amendments: January 1, 1991
- 6) If these Emergency Amendments are to expire before the end of the 150-day period, please specify the date on which it is to expire: Not applicable
- 7) Date Filed in Agency's Principal Office: January 1, 1991
- 8) Reason for Emergency:
89 Ill. Adm. Code 120.61 and 120.386
The Consumer Price Index (CPI) for the period September 1988 thru September 1990 increased by 10.8%. Section 4714 of the Omnibus Budget Reconciliation Act of 1990 requires that states adjust the minimum and maximum maintenance standards under this Section of the law to reflect this percentage increase in the CPI. The increased standards are effective January 1, 1991.
89 Ill. Adm. Code 120.72 and 120.74
The Omnibus Budget Reconciliation Act of 1990 was signed by President Bush on November 5, 1990. Section 4501 of the Act is effective January 1, 1991, and mandates the

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timetable of increases in the federally mandated percentages in the QMB Income Standard.

9) A Complete Description of the Subjects and Issues Involved:

89 Ill. Adm. Code 120.61 and 120.386

This rulemaking provides that the amount of the community spouse maintenance needs standards shall be increased for calendar years after 1989 by the same percentage as the consumer price index for all urban consumers.

89 Ill. Adm. Code 120.72 and 120.74

This rulemaking increases the federally mandated timetable of percentage increase in the Qualified Medicare Beneficiary Income Standard. These percentages are tied to the Federal Poverty Income Guidelines.

- 10) Are there any Proposed Amendments pending to this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking has no effect on local governmental units.

- 12) Information and questions regarding these Emergency Amendments shall be directed to:

Name: Anita Williams, Staff Attorney
Office of the General Counsel

Address: Illinois Department of Public Aid
Jesse B. Harris Building II
100 South Grand Avenue East, 3rd Floor
Springfield, Illinois 62762

Telephone: (217) 782-1233

The full text of the Emergency Amendments begin on the next page:

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TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 120

MEDICAL ASSISTANCE PROGRAMS

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120.11 Eligibility For Medical Assistance For Pregnant Women and Children Under Age Six Who Do Not Qualify As Mandatory Categorically Needy
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SUBPART C: FINANCIAL ELIGIBILITY DETERMINATION

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120.60

All Cases Other Than Intermediate Care, Skilled Nursing Care, DMHDD, DMHDD Approved Community Based Settings and Pregnant Women and Children Under Age Six Who Do Not Qualify As Mandatory Categorically Needy

120.61 Cases in Intermediate Care, Skilled Nursing Care and DMHDD - MANG(AABD) and All Other Licensed Medical Facilities and All Other Licensed Medical Facilities Department of Mental Health and Developmental Disabilities (DMHDD) Approved Home and Community Based Residential Settings Under 89 Ill. Adm. Code 140.643
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120.62

120.63 Department of Mental Health and Developmental Disabilities (DMHDD) Approved Home and Community Based Residential Settings
120.64 Pregnant Women and Children Under Age Six Years Who Do Not Qualify As Mandatory Categorically Needy

SUBPART D: SUPPLEMENTARY MEDICAL INSURANCE

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Supplementary Medical Insurance Benefits, Buy-In Program
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120.76
Qualified Medicare Beneficiary (QMB) Income Standard
Hospital Insurance Benefits (HIB)

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Recipient Restriction Program

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AUTHORITY: Implementing Articles III, IV, V, VI and VII and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq. and 12-13)

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41,

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effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979, peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041 effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982, amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142,

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effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 6082; amended at 7 Ill. Reg. 8256, effective July 1, 1983; amended at 7 Ill. Reg. 8264, effective July 5, 1983; amended (by adding section being codified with no substantive change) at 7 Ill. Reg. 14747; amended (by adding sections being codified with no substantive change) at 7 Ill. Reg. 16108; amended at 8 Ill. Reg. 5253, effective April 9, 1984; amended at 8 Ill. Reg. 6770, effective April 27, 1984; amended at 8 Ill. Reg. 13328, effective July 16, 1984; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17897; amended at 8 Ill. Reg. 18903, effective September 26, 1984; peremptory amendment at 8 Ill. Reg. 20706, effective October 3, 1984; amended at 8 Ill. Reg. 25053, effective December 12, 1984; emergency amendment at 9 Ill. Reg. 830, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 4515, effective March 25, 1985; amended at 9 Ill. Reg. 5346, effective April 11, 1985; amended at 9 Ill. Reg. 7153, effective May 6, 1985; amended at 9 Ill. Reg. 11346, effective July 8, 1985; amended at 9 Ill. Reg. 12298, effective July 25, 1985; amended at 9 Ill. Reg. 12823, effective August 9, 1985; amended at 9 Ill. Reg. 15903, effective October 4, 1985; amended at 9 Ill. Reg. 16300, effective October 10, 1985; amended at 9 Ill. Reg. 16906, effective October 18, 1985; amended at 10 Ill. Reg. 1192, effective January 10, 1986; amended at 10 Ill. Reg. 3033, effective January 23, 1986; amended at 10 Ill. Reg. 4907, effective March 7, 1986; amended at 10 Ill. Reg. 6966, effective April 16, 1986; amended at 10 Ill. Reg. 10688, effective June 3, 1986; amended at 10 Ill. Reg. 12672, effective July 14, 1986; amended at 10 Ill. Reg. 15649, effective September 19, 1986; amended at 11 Ill. Reg. 3992, effective February 23, 1987; amended at 11 Ill. Reg. 7652, effective April 15, 1987; amended at 11 Ill. Reg. 8735, effective April 20, 1987; emergency amendment at 11 Ill. Reg. 12458, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 14034, effective August 14, 1987; amended at 11 Ill. Reg. 14763, effective August 26, 1987; amended at 11 Ill. Reg. 20142, effective January 1, 1988; amended at 11 Ill. Reg. 20898, effective December 14, 1987; amended at 12 Ill. Reg. 904, effective January 1, 1988; amended at 12 Ill. Reg. 3516, effective January 22, 1988; amended at 12 Ill. Reg. 6234, effective March 22, 1988; amended at 12 Ill. Reg. 8672, effective May 13, 1988; amended at 12

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Ill. Reg. 9132, effective May 20, 1988; amended at 12 Ill. Reg. 11483, effective June 30, 1988; emergency amendment at 12 Ill. Reg. 11632, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 11839, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12835, effective July 22, 1988; emergency amendment at 12 Ill. Reg. 13243, effective July 29, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 17867, effective November 15, 1988; amended at 12 Ill. Reg. 19704, effective November 23, 1988; amended at 13 Ill. Reg. 20188, effective January 1, 1989; amended at 13 Ill. Reg. 2081, effective February 3, 1989; amended at 13 Ill. Reg. 3908, effective March 10, 1989; emergency amendment at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days; emergency expired November 25, 1989; emergency amendment at 13 Ill. Reg. 12137, effective July 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 15404, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16586, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 13 Ill. Reg. 17483, effective October 31, 1989; amended at 13 Ill. Reg. 17838, effective November 8, 1989; amended at 13 Ill. Reg. 18872, effective November 17, 1989; amended at 14 Ill. Reg. 760, effective January 1, 1990; emergency amendment at 14 Ill. Reg. 1494, effective January 2, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 4233, effective March 5, 1990; emergency amendment at 14 Ill. Reg. 5839, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 6372, effective April 16, 1990; amended at 14 Ill. Reg. 7637, effective May 10, 1990; amended at 14 Ill. Reg. 10396, effective June 20, 1990; amended at 14 Ill. Reg. 13227, effective August 6, 1990; amended at 14 Ill. Reg. 14814, effective September 3, 1990; amended at 14 Ill. Reg. 17004, effective September 30, 1990; emergency amendment at 15 Ill. Reg. 348, effective January 1, 1991, for a maximum of 150 days.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE

SUBPART C: FINANCIAL ELIGIBILITY DETERMINATION

Section 120.61
EMERGENCY
 Cases in Intermediate Care, Skilled Nursing Care and DMHDD - MANG (AABD) and All Other Licensed Medical Facilities

a) The policy set forth in subsections (b), (c) and (d) below applies to cases receiving care in Licensed Intermediate Care Facilities, Licensed Skilled Nursing Facilities, or Department of Mental Health and

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NOTICE OF EMERGENCY AMENDMENTS

Section 120.61
EMERGENCY

Cases in Intermediate Care, Skilled Nursing Care and DMHDD - MANG (AABD) and All Other Licensed Medical Facilities (Cont'd)

Developmental Disabilities (DMHDD) Facilities. The policy set forth in subsection (e) below applies to cases receiving care in Licensed Intermediate Care Facilities, Licensed Skilled Nursing Facilities, DMHDD Facilities and all other Licensed Medical Facilities (see 89 Ill. Adm. Code 140.642).

b) Treatment of Resources

- 1) A one-month eligibility period will be used. All nonexempt income and non-exempt assets over the applicable asset disregard (Section 120.382) shall be applied towards the cost of care on a monthly basis. Non-exempt income (see Section 120.360) and assets (see 120.381) are applied towards the cost of care beginning with the first full calendar month of anticipated stay in the facility. Non-exempt income shall be applied toward the cost of care first. If insufficient to meet the cost of care at the private pay rate, then non-exempt assets over the applicable asset disregard shall be used.

- 2) When a client transfers between non-DMHDD facilities or transfers to a DMHDD facility, non-exempt income and/or excess assets are applied first toward the cost of care at the first facility and any balance is applied toward the cost of care at the second facility. If the client transfers from a DMHDD facility to a non-DMHDD facility, non-exempt income and/or excess assets are not applied toward the cost of care at the non-DMHDD facility for the month the transfer occurs. If the client is discharged from a DMHDD facility or non-DMHDD facility to his/her residence in the community or to a community based residential setting (such as Community Living Facility, Special Home Placement, Supported Living Arrangement, Home Individual Program, Community Residential Alternatives as defined at 59 Ill. Adm. Code 120.10), the MANG Community Income Standard is used (see Section 120.20) beginning with the month of discharge from the DMHDD facility or non-DMHDD.

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Section 120.61
EMERGENCY

Cases in Intermediate Care, Skilled Nursing Care and DMHDD - MANG (AABD) and All Other Licensed Medical Facilities (Cont'd)

- 3) If non-exempt income and non-exempt assets over the applicable asset disregard are greater than the Department's rate for cost of care, no payment will be made to the facility. However, the client may become eligible for Medical Assistance for other medical expenses by incurring medical expenses equal to the spend-down obligation. The private rate of the facility may be applied to the spend-down obligation in this instance. A full redetermination shall be made every twelve (12) months.

- c) Allow a deduction from the MANG client's income to meet the needs of dependent children under age 21 who do not reside with the community spouse, who do not have enough income to meet their needs and whose assets do not exceed the asset limit. To determine needs and asset limits:

- 1) for dependent children, use AFDC MAG standard and asset disregard (see Sections 120.30 and 120.382).
- 2) allow any payments made on medical bills for the children.

- d) Allow deductions from the MANG clients non-SSI income for a Community Spouse Maintenance Needs Allowance and a Family Maintenance Needs Allowance for each dependent family member who does not have enough income to meet his/her needs. Family members include dependent children under age 21, dependent adult children, dependent parents or dependent siblings of either spouse who are living with the community spouse. To determine the amount of the deduction:

- 1) The deduction for the Community Spouse Maintenance Needs Allowance, as of October 1, 1989, is equal to the community spouse maintenance needs standard (\$1,565) (\$1,500) less any non-exempt monthly income of the community spouse. The amount established as the community spouse maintenance needs standard shall be increased for calendar years after 1989 by the

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NOTICE OF EMERGENCY AMENDMENTS

Section 120.61
EMERGENCY

Cases in Intermediate Care, Skilled Nursing Care and DMHDD - MANG (AABD) and All Other Licensed Medical Facilities (Cont'd)

same percentage as the percentage increase in the consumer price index for all urban consumers. The deduction is allowed only to the extent income of the institutionalized spouse is contributed to the community spouse. However, the deduction for the Community Spouse Maintenance Needs Allowance shall not be less than the amount ordered by the court for support of the community spouse or the amount determined as the result of the fair hearing.

- 2) The deduction for the Family Maintenance Needs Allowance for each dependent family member is equal to one-third of the difference between the family maintenance needs standard (122% of the Federal Poverty Level for two persons as of September 30, 1989, 133% as of July 1, 1991 and 150% as of July 1, 1992) and any non-exempt income of the family member.

e) Deduction from MANG program

- 1) A deduction from the MANG program participant's income shall be permitted for up to six months to maintain a residence in the community when:
 - A) the individual does not have a spouse and/or dependent children in the home; and
 - B) a physician has certified that the stay in the facility is temporary and the individual is expected to return home within six months.

2) To determine the amount of the deduction include:

- A) rent or property expense that would be allowed in the AABD MAG standard if the individual was at home; and
- B) utility expenses that would be allowed in the AABD MAG standard if the individual was at home.

(Source: Emergency amendment at 15 Ill. Reg. 348, effective January 1, 1991, for a maximum of 150 days)

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NOTICE OF EMERGENCY AMENDMENTS

SUBPART D: SUPPLEMENTARY MEDICAL INSURANCE

Section 120.72
EMERGENCY

Eligibility for Medicare Cost Sharing as a Qualified Medicare Beneficiary (QMB)

- a) Eligibility for Medicare cost sharing exists for Qualified Medicare Beneficiaries (QMB)s. A QMB is an individual who:
 - 1) is a beneficiary of Medicare Part A (i.e. Hospital Insurance);
 - 2) meets the general non-financial factors of eligibility for the Medicaid Program (see Sections 120.310, 120.311, 120.319 and 120.325);
 - 3) has countable monthly income which does not exceed the QMB income standard (see Section 120.74); and
 - 4) has countable assets which do not exceed the QMB asset disregard (see Section 120.382(d)).

- b) When considering Social Security Benefits, the monthly amount to consider for January through the month following the month in which the annual Federal Poverty Level amounts are announced will not include the annual Retirement Survivors Disability Insurance (RSDI) Cost of Living Adjustment (COLA). For all other months of the year the full amount of RSDI benefits will be considered.

- b)c) QMBs may be eligible for the full range of Medicaid services (see 89 Ill. Adm. Code 140) only if they meet all eligibility requirements for Medicaid (see 89 Ill. Adm. Code 120).

- e)d) Eligibility for Medicare cost sharing is effective the first day of the month following the QMB eligibility determination.

- d)e) QMBs are eligible for Medicaid payment of Medicare cost sharing expenses (i.e., Part A and Part B premiums, deductibles and coinsurance (See Title XVIII of the Social Security Act.)) in accordance with Sections 120.70, 120.76 and 89 Ill. Adm. Code 140.21.

- e)f) Eligibility for QMB status will be redetermined at

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NOTICE OF EMERGENCY AMENDMENTS

Section 120.72 Eligibility for Medicare Cost Sharing as a
EMERGENCY Qualified Medicare Beneficiary (QMB) (Cont'd)

least every twelve (12) months.

(Source: Emergency amendment at 15 Ill. Reg. 348, effective January 1, 1991, for a maximum of 150 days)

Section 120.74 Qualified Medicare Beneficiary (QMB) Income
EMERGENCY Standard

The QMB income standard is equal to a percentage of the then current Federal Poverty Level Income Guidelines as published annually in the Federal Register) for the size of the household. If the household's countable monthly income (see 89 Ill. Adm. Code 112, 113, 120) exceeds the QMB income standard, eligibility for QMB status does not exist. The timetable for the applicable percentage is as follows:

January - December 1989 - 80%
 January - December 1990 - 80%
 January - December 1991 - 90%
 January - December 1992 - 95%
 January-1993-on-----100%

(Source: Emergency amendment at 15 Ill. Reg. 348, effective January 1, 1991, for a maximum of 150 days)

SUBPART H: MEDICAL ASSISTANCE - NO GRANT

Section 120.386 Property Transfers Effective for
EMERGENCY Applications Filed on or After October 1, 1989

The provisions for the transfer of property (i.e., assets) listed below apply to residents of long term care facilities who apply for Medicaid on or after October 1, 1989, regardless of the date of the transfer and to residents whose application for Medicaid is filed prior to October 1, 1989, if the transfer occurs on or after October 1, 1989. These provisions do not apply to individuals who reside in the community.

- a) A transfer of assets occurs when a resident of a long term care facility buys, sells or gives away real or personal property or changes (e.g., change from joint tenancy to tenancy in common) the way property is held.

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Section 120.386 Property Transfers Effective for
EMERGENCY Applications Filed on or After October 1, 1989 (Cont'd)

b) A transfer is allowable if:

- 1) the transfer occurred more than thirty (30) months from the date of application;
- 2) a fair market value was received. Fair market value is the price that an article or piece of property might be expected to bring if offered for sale in a fair market. Fair market value is determined by statements obtained from institutions, community members, etc. (e.g., bankers, jewelers, reputable realtors, etc.) recognized as having knowledge of property values.
- 3) homestead property was transferred:

- A) a spouse;
- B) the individual's child who is under age 21;
- C) the individual's child who is blind or permanently and totally disabled;
- D) the individual's brother or sister who has an equity interest in the homestead property and who was residing in the home for at least one (1) year immediately prior to the date the individual entered the facility or;
- E) the individual's child who provided care for the individual and who was residing in the homestead property for two (2) years immediately prior to the date the individual entered the facility.
- 4) The transfer was to the community spouse or to another individual for the sole benefit of the community spouse and the amount transferred does not exceed the Community Spouse Asset Allowance. The Community Spouse Asset Allowance is an amount up to but not greater than \$62,580 that the resident may transfer without affecting eligibility to the community spouse or to another individual for the sole benefit of the community spouse. The Community Spouse Asset

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Section 120.386
EMERGENCY

Property Transfers Effective for
Applications Filed on or After October 1,
1989 (Cont'd)

Allowance, as of October 1, 1989, is an amount up to but not greater than \$60,000 that the resident may transfer, without affecting eligibility, to the community spouse or to another individual for the sole benefit of the community spouse. As of October 1, 1989, the amount of assets a resident may transfer to his or her community spouse is \$60,000 minus any non-exempt assets of the community spouse. The amount established as the Community Spouse Asset Allowance shall be increased for calendar years after 1989 by the same percentage as the percentage increase in the consumer price index for all urban consumers. The amount of assets a resident may transfer to his or her community spouse is \$62,500 minus any non-exempt assets of the community spouse. The Community Spouse Asset Allowance is subject to the following qualifiers:

- A) The amount of assets sufficient to provide (the amount of income generated) the Community Spouse Maintenance Needs Allowance (as described at 89 Ill. Adm. Code 120.61) as determined by a fair hearing; or
 - B) The amount transferred under a court order to the community spouse.
- 5) The transfer was to the individual's child who is blind or permanently and totally disabled or to another person for the sole benefit of the individual's child;
 - 6) the individual intended to transfer the assets for fair market value;
 - 7) it is determined that denial of assistance would create an undue hardship;
 - 8) it is determined that the transfer was made for a reason other than to qualify for assistance; or
 - 9) the transfer was to the community spouse and was the result of a court order.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

Section 120.386
EMERGENCY

Property Transfers Effective for
Applications Filed on or After October 1,
1989 (Cont'd)

- c) If the transfer does not fall within the listing of subsection (b) above, the client is ineligible beginning with the month in which such assets were transferred and until whichever occurs first:
 - 1) the period of time the uncompensated amount of the asset would meet the monthly cost of long term care (private rate) at the facility; or
 - 2) thirty (30) months from the month of the transfer.

(Source: Emergency amendment at 15 Ill. Reg. 348, effective January 1, 1991, for a maximum of 150 days)

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF MODIFICATION

TO MEET THE OBJECTION OF
THE JOINT COMMITTEE ON ADMINISTRATIVE RULES

- 1) Heading of the Part: Health Maintenance Organization
- 2) Code Citation: 50 Ill. Adm. Code 6101
- 3) Section Numbers: Action:
6101.110 Modification
- 4) Date Notice of Proposed Rules Published in the Register:
December 29, 1989, 13 Ill. Reg. 20205
- 5) Date JCAR Statement of Objection Published in the Register:
December 28, 1990 14 Ill. Reg. 2117

6) Summary of Action Taken by the Agency: The Department has modified Section 6101.110(i) to raise the annual limitation on deductibles and copayments from 100% to 150% of premium.

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF REFUSAL
TO MEET THE OBJECTION OF THE JOINT COMMITTEE
ON ADMINISTRATIVE RULES

- 1) The Heading of the Part: MEDICAL PAYMENT
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) Section Number: Action:
140.562 Refusal
- 4) Date Notice of Proposed Amendment Published in the Register:
August 31, 1990 (14 Ill. Reg. 13963)
- 5) Date JCAR Statement of Objection Published in the Register:
October 26, 1990 (14 Ill. Reg. 17718)

6) Summary of Action Taken by the Agency: The Joint Committee has objected to this rulemaking on two bases: 1) That promulgation of this rulemaking as an emergency was unwarranted because any emergency was created solely by failure of the Department to act in a timely fashion; and 2) that the Department implemented these rules prior to their adoption. The Department disagrees with both objections.

The Department's reasons for filing this rulemaking as an emergency were based on an appropriate determination that a threat to the health and welfare of persons residing in nursing facilities existed in the absence of such a rulemaking; not, as the Committee suggests, because the Department was dilatory in taking action. JCAR suggests that the correct course of action should have been for the Department to promulgate this rulemaking at the very time it was opposing the legislation that eventually mandated the rule. It is unreasonable to expect the Department to file a rule directly contrary to its own position in the midst of a legislative battle. The Department took the correct action regarding this rulemaking: When it became clear at the end of the legislative session that the Department's efforts to repeal the legislation in question would not succeed, the Department immediately began steps to promulgate this rulemaking.

DEPARTMENT OF PUBLIC AID

NOTICE OF REFUSAL
TO MEET THE OBJECTION OF THE JOINT COMMITTEE
ON ADMINISTRATIVE RULES

The Committee's objection that the Department implemented these rules prior to their adoption is also without basis. This rulemaking was filed with the Administrative Code Division of the Secretary of State's Office on August 16, 1990. Payments to nursing facilities under the new rates provided for in this rulemaking were not made until after that date. No implementation of this rulemaking occurred prior to the effective date of this rulemaking.

DEPARTMENT OF PUBLIC AID

NOTICE OF MODIFICATION
TO MEET THE OBJECTION OF THE JOINT COMMITTEE
ON ADMINISTRATIVE RULES

- 1) The Heading of the Part: MEDICAL PAYMENT
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) Section Number: Action:
140.485 Modification
- 4) Date Notice of Proposed Amendment Published in the Register:
September 7, 1990 (14 Ill. Reg. 14317)

- 5) Date JCAR Statement of Objection Published in the Register:
December 28, 1990 (14 Ill. Reg. 21120)

- 6) Summary of Action Taken by the Agency: The Joint Committee has objected to this rulemaking on the grounds that the rule is incomplete because it does not prescribe how a provider elects to receive replacement vaccines and how a provider is certified for participation in the Vaccine Replacement Program.

At no time during the review of this rulemaking did Joint Committee staff (staff) advise the Department they felt the language in question was unclear. The Department was not aware that staff felt this way until this objection was issued. While the Department believes the language is clear and needs no further explanation, to resolve this objection the Department will clarify the language. Interested persons should see the Adopted Amendments to 89 Ill. Adm. Code 140.485 thru 140.488 and 140.488 Table A.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

PROCLAMATION

SECOND NOTICES RECEIVED

90-565

BILLY D. TURNER CONGRATULATED

The following second notice was received by the Joint Committee on Administrative Rules during the week of December 24, 1990 through December 28, 1990, and has been scheduled for review by the Committee at its February, 1991 meeting. Other items not contained in this published list may also be considered by the Joint Committee at its February meeting. Members of the public wishing to express their views with respect to a proposed rule should submit written comments to the Joint Committee at the following address: Joint Committee on Administrative Rules, 509 South Sixth Street, Room 500, Springfield, IL 62701.

| | | | |
|-----------------------|---|-------------------------------|-------------------------------------|
| Second Notice Expires | Agency and Rule | Start of First Notice | Scheduled for Consideration by JCAR |
| 2/11/91 | Department of Insurance, Rules and Rate Filings (50 Ill. Adm. Code 754) | 9/21/90 14 Ill. Reg. 15238 | February, 1991 |

Whereas, Billy D. Turner began his career with the State of Illinois in March 1954 when he joined the staff of the Illinois Department of Public Welfare; and

Whereas, for more than 35 years, Billy D. Turner has served as a dependable, punctual, and conscientious employee for the State of Illinois and was most recently employed as an Information Systems Executive III for the Department of Central Management Services; and

Whereas, Billy's high standards and leadership qualities should serve as an example to our work force; and

Whereas, Billy's admirable years of service will come to an end when he retires December 31, 1990;

Therefore, I, James R. Thompson, Governor of the State of Illinois, congratulate BILLY D. TURNER on his accomplishments and the high work standards he has set and followed during his employment with our state.

Issued by the Governor December 26, 1990.

Filed with the Secretary of State December 31, 1990.

90-566

TRAVEL AGENT APPRECIATION WEEK

Whereas, the travel agents of Illinois have made significant contributions to the state's travel and tourism industry; and

Whereas, Illinois' travel agents have offered valuable services and assistance to Illinois travelers; and

Whereas, Illinois provides employment to approximately 20,000 Delta Airline Travel Agents;

Therefore, I, James R. Thompson, Governor of the State of Illinois, proclaim February 4-8, 1991, as TRAVEL AGENT APPRECIATION WEEK in Illinois, in recognition of the valuable contributions travel agents have made to our state.

Issued by the Governor December 28, 1990.

Filed with the Secretary of State December 31, 1990.

ACTION CODES

ICAR - Joint Committee on Administrative Rules

| | |
|--|--|
| A - Adopted Rule | P - Proposed Rule |
| AR - Adopted Repealer | PF - Prohibited Filing Ordered by JCAR |
| C - Notice of Corrections | PP - Peremptory or Court ordered Rules |
| CC - Codification Changes | PR - Proposed Repealer |
| E - Emergency Rule | R - Refusal to meet JCAR objection |
| ER - Emergency Repealer | RC - Statement of Recommendation |
| M - Modification to meet JCAR objections | S - Suspension ordered by JCAR |
| O - JCAR Statement of Objections | W - Withdrawal to meet JCAR objections |

EXAMPLE:

AGRICULTURE, DEPARTMENT OF

8 Ill. Adm. Code 285 Ill. Grain Insurance Act (P-18048/85; A-6818)

TITLE PART ACTION CODE PAGE NUMBER PREVIOUS VOLUME ACTION CODE PAGE NUMBER

ALL RULES ARE LISTED BY PART NUMBER AND HEADING ONLY. (FOR ACTION ON SPECIFIC SECTIONS, PLEASE REFER TO THE SECTIONS AFFECTED INDEX.) IF THERE ARE ANY QUESTIONS, PLEASE CONTACT THE ADMINISTRATIVE CODE DIVISION AT (217) 782-9786.

ABANDONED MINED LANDS RECLAMATION COUNCIL

62 Ill. Adm. Code 2501 Abandoned Mined Lands Reclamation (P-141)

AGRICULTURE, DEPARTMENT OF

8 Ill. Adm. Code 255 Agricultural Facilities (E-128)

BANKS AND TRUST COMPANIES, COMMISSIONER OF

38 Ill. Adm. Code 397 Corporate Fiduciary Receivership Account (P-15181/90; A-167)

CHILDREN AND FAMILY SERVICES

89 Ill. Adm. Code 431 Confidentiality of Personal Information of Persons Served by the Dept. (P-4303/90; A-24)

CONSERVATION, DEPARTMENT OF

17 Ill. Adm. Code 1590 Fallowry & the Captive Propagation of Raptors (P-16174/90; A-32)

CORRECTIONS, DEPARTMENT OF

20 Ill. Adm. Code 405 School District #428 (P-1)

EDUCATION, STATE BOARD OF

23 Ill. Adm. Code 226 Special Education (P-11068/90; A-40)

EMPLOYMENT SECURITY, DEPARTMENT OF

56 Ill. Adm. Code 2770 Determination of Unemployment Contributions (P-15659/90; A-172)

EMPLOYMENT SECURITY, DEPARTMENT OF (CONT'D)

56 Ill. Adm. Code 2920 Disqualifying Income & Reduced Benefits (P-13905/90; A-180)

56 Ill. Adm. Code 2765 Payment of Unemployment Contributions, Interest & Penalties (P-13910/90; A-185)

INSURANCE, DEPARTMENT OF

50 Ill. Adm. Code 6101 Health Maintenance Organization (P-20205/89; O-2117/90; M-365; A-199)

50 Ill. Adm. Code 3119 Prelicensing & Continuing Education (P-12127/90; A-69)

NUCLEAR SAFETY, DEPARTMENT OF

32 Ill. Adm. Code 331 Fees for Radioactive Material Licenses (P-15672/90; A-90)

POLLUTION CONTROL BOARD

35 Ill. Adm. Code 304 Effluent Standards (P-9700/90; A-241)

PROFESSIONAL REGULATION, DEPARTMENT OF

68 Ill. Adm. Code 1380 Professional Engineering Practice Act of 1989, The (P-7346/90; A-247)

PUBLIC AID, DEPARTMENT OF

89 Ill. Adm. Code 112 Aid to Families With Dependent Children (P-157) (E-338)

89 Ill. Adm. Code 113 Aid to the Aged, Blind or Disabled (P-15701/90; A-277)

89 Ill. Adm. Code 114 General Assistance (P-15712/90; A-288)

89 Ill. Adm. Code 120 Medical Assistance Programs (P-159) (E-348)

89 Ill. Adm. Code 140 Medical Payment (P-14317/90; O-21120; M-368; A-298) (P-13963/90; O-17718/90; R-366; A-298)

89 Ill. Adm. Code 104 Practice in Administrative Hearings (P-15)

REHABILITATION SERVICES, DEPARTMENT OF

89 Ill. Adm. Code 562 Client Financial Participation (P-161)

REVENUE, DEPARTMENT OF

86 Ill. Adm. Code 440 Cigarette Tax Act (P-13429/90; A-117)

86 Ill. Adm. Code 450 Cigarette Use Tax Act (P-13429/90; A-122)

JOINT COMMITTEE ON ADMINISTRATIVE RULES

Second Notices Received

135, 369

EXECUTIVE ORDERS AND PROCLAMATIONS

PROCLAMATIONS

90-558 Homemakers Extension Association Week 136

90-559 Nurse Recruitment Day 136

90-560 Army ROTC Week 137

90-561 Critical Care Nurse Week 137

90-562 Free Enterprise And Marketing Week 138

90-563 Illinois School Psychologists Association Week 138

90-564 Land Surveyors' Month 138

90-565 Billy D. Turner Congratulated 370

90-566 Travel Agent Appreciation Week 370

The Sections Affected Index lists, by Title, each Section of a codified Part on which rulemaking activity has occurred in this volume of the Register and is divided into two parts: the first lists the Sections on which rulemaking activity occurred in the previous issues of this volume year; the second lists the Sections on which rulemaking activity occurred in this issue of the Register. (The headings at the top of each page indicate the two parts: the first part shows the previous issue numbers inclusively and the date of the last published issue; the second lists the current issue number and date.) The columns in both parts indicate the type of rulemaking activity and the action taken along with the page number on which the first page of the notice of rulemaking activity appeared. If a Section on which action is being taken in the current volume (calendar year) of the Register was proposed in a previous volume, the last two digits of the previous volume's year appear immediately after the page number separated by a slash. (e.g. 1 Ill. Adm. Code 100.280 was proposed last year and adopted this year. The action entry reads: (P-8577/89; A-724) The codes for both columns are listed below. For a complete listing of the Titles of the *Illinois Administrative Code*, please refer to 1 Ill. Adm. Code 100.140 or contact the Administrative Code Division.

| TYPE OF RULEMAKING | | ACTION CODES | |
|--------------------|---------------------------------|--------------|---------------------------------|
| am | = amendment to existing Section | A | = Adopted rule |
| cc | = codification changes | C | = Correction |
| n | = new Section | CC | = Codification Changes |
| r | = repeal of existing Section | E | = Emergency rule |
| rc | = reclassified | F | = Failure to Remedy |
| # | = renumbered | M | = Modification |
| | | O | = ICAR Objection |
| | | P | = Proposed rule |
| | | PF | = Prohibited Filing |
| | | PP | = Peremptory rule |
| | | R | = Refusal to Modify or Withdraw |
| | | RC | = ICAR Recommendation |
| | | S | = Suspended rule |
| | | W | = Withdrawal of Proposed rule |

| VOL. 15, ISSUE #2 | | ILLINOIS REGISTER | | SECTIONS AFFECTED INDEX | | JANUARY 11, 1991 | |
|----------------------|----|---------------------|--|-------------------------|----|---------------------------------------|--|
| TITLE 8 | | | | | | | |
| 255.50 | am | (E-128) | | 3119.60 | am | (P-12127/90; A-69) | |
| TITLE 17 | | | | 3119.70 | am | (P-12127/90; A-69) | |
| 1590.50 | am | (P-16174/90; A-32) | | 3119.Ex.A | am | (P-12127/90; A-69) | |
| 1590.80 | am | (P-16174/90; A-32) | | 3119.Ex.B | am | (P-12127/90; A-69) | |
| 1590.90 | am | (P-16174/90; A-32) | | 3119.Ex.C | am | (P-12127/90; A-69) | |
| TITLE 20 | | | | 3119.Ex.D | am | (P-12127/90; A-69) | |
| 405.10 | am | (P-1) | | 6101.10 | am | (P-20205/89; A-199) | |
| 405.15 | am | (P-1) | | 6101.20 | am | (P-20205/89; A-199) | |
| 405.17 | am | (P-1) | | 6101.40 | am | (P-20205/89; A-199) | |
| 405.20 | am | (P-1) | | 6101.50 | am | (P-20205/89; A-199) | |
| 405.30 | am | (P-1) | | 6101.100 | am | (P-20205/89; A-199) | |
| 405.40 | r | (P-1) | | 6101.110 | am | (P-20205/89; O-2117/90; M-365; A-199) | |
| 405.50 | am | (P-1) | | 6101.111 | n | (P-20205/89; A-199) | |
| 405.55 | n | (P-1) | | 6101.112 | n | (P-20205/89; A-199) | |
| 405.60 | am | (P-1) | | 6101.130 | am | (P-20205/89; A-199) | |
| 405.70 | am | (P-1) | | 6101.140 | am | (P-20205/89; A-199) | |
| TITLE 23 | | | | 6101.141 | n | (P-20205/89; A-199) | |
| 226.40 | am | (P-1) | | 6101.142 | n | (P-20205/89; A-199) | |
| 226.520 | am | (P-11068/90; A-40) | | 6101.160 | r | (P-20205/89; A-199) | |
| 226.525 | am | (P-11068/90; A-40) | | 6101.20 | am | (P-20205/89; A-199) | |
| 226.552 | am | (P-11068/90; A-40) | | 6101.20 | am | (P-20205/89; A-199) | |
| 226.555 | am | (P-11068/90; A-40) | | 6101.20 | am | (P-20205/89; A-199) | |
| 226.560 | am | (P-11068/90; A-40) | | 6101.20 | am | (P-20205/89; A-199) | |
| 226.605 | am | (P-11068/90; A-40) | | 6101.20 | am | (P-20205/89; A-199) | |
| 226.612 | r | (P-11068/90; A-40) | | 6101.20 | am | (P-20205/89; A-199) | |
| 226.615 | am | (P-11068/90; A-40) | | 6101.20 | am | (P-20205/89; A-199) | |
| 226.620 | r | (P-11068/90; A-40) | | 6101.20 | am | (P-20205/89; A-199) | |
| 226.680 | am | (P-11068/90; A-40) | | 6101.20 | am | (P-20205/89; A-199) | |
| 226.684 | am | (P-11068/90; A-40) | | 6101.20 | am | (P-20205/89; A-199) | |
| 226.720 | am | (P-11068/90; A-40) | | 6101.20 | am | (P-20205/89; A-199) | |
| 226.730 | am | (P-11068/90; A-40) | | 6101.20 | am | (P-20205/89; A-199) | |
| TITLE 32 | | | | 6101.20 | am | (P-20205/89; A-199) | |
| 331.10 | am | (P-15672/90; A-90) | | 6101.20 | am | (P-20205/89; A-199) | |
| 331.20 | am | (P-15672/90; A-90) | | 6101.20 | am | (P-20205/89; A-199) | |
| 331.30 | am | (P-15672/90; A-90) | | 6101.20 | am | (P-20205/89; A-199) | |
| 331.110 | am | (P-15672/90; A-90) | | 6101.20 | am | (P-20205/89; A-199) | |
| 331.120 | am | (P-15672/90; A-90) | | 6101.20 | am | (P-20205/89; A-199) | |
| 331.130 | n | (P-15672/90; A-90) | | 6101.20 | am | (P-20205/89; A-199) | |
| 331.200 | am | (P-15672/90; A-90) | | 6101.20 | am | (P-20205/89; A-199) | |
| 331.210 | r | (P-15672/90; A-90) | | 6101.20 | am | (P-20205/89; A-199) | |
| 331.310 | am | (P-15672/90; A-90) | | 6101.20 | am | (P-20205/89; A-199) | |
| 331.Ap.B | n | (P-15672/90; A-90) | | 6101.20 | am | (P-20205/89; A-199) | |
| 331.Ap.C | n | (P-15672/90; A-90) | | 6101.20 | am | (P-20205/89; A-199) | |
| TITLE 35 | | | | 6101.20 | am | (P-20205/89; A-199) | |
| 304.211 | n | (P-9700/90; A-241) | | 6101.20 | am | (P-20205/89; A-199) | |
| TITLE 38 | | | | 6101.20 | am | (P-20205/89; A-199) | |
| 397.10 | n | (P-15181/90; A-167) | | 6101.20 | am | (P-20205/89; A-199) | |
| 397.20 | n | (P-15181/90; A-167) | | 6101.20 | am | (P-20205/89; A-199) | |
| 397.30 | n | (P-15181/90; A-167) | | 6101.20 | am | (P-20205/89; A-199) | |
| 397.40 | n | (P-15181/90; A-167) | | 6101.20 | am | (P-20205/89; A-199) | |
| 397.50 | n | (P-15181/90; A-167) | | 6101.20 | am | (P-20205/89; A-199) | |
| TITLE 50 | | | | 6101.20 | am | (P-20205/89; A-199) | |
| 3119.20 | am | (P-12127/90; A-69) | | 6101.20 | am | (P-20205/89; A-199) | |
| 3119.30 | am | (P-12127/90; A-69) | | 6101.20 | am | (P-20205/89; A-199) | |
| 3119.40 | am | (P-12127/90; A-69) | | 6101.20 | am | (P-20205/89; A-199) | |
| 3119.50 | am | (P-12127/90; A-69) | | 6101.20 | am | (P-20205/89; A-199) | |
| TITLE 56 | | | | 6101.20 | am | (P-20205/89; A-199) | |
| 2765.325 | am | (P-13910/90; A-185) | | 6101.20 | am | (P-20205/89; A-199) | |
| 2770.110 | am | (P-15659/90; A-172) | | 6101.20 | am | (P-20205/89; A-199) | |
| 2920.40 | am | (P-13905/90; A-180) | | 6101.20 | am | (P-20205/89; A-199) | |
| TITLE 62 | | | | 6101.20 | am | (P-20205/89; A-199) | |
| 2501.7 | am | (P-141) | | 6101.20 | am | (P-20205/89; A-199) | |
| 2501.10 | am | (P-141) | | 6101.20 | am | (P-20205/89; A-199) | |
| 2501.13 | am | (P-141) | | 6101.20 | am | (P-20205/89; A-199) | |
| 2501.16 | am | (P-141) | | 6101.20 | am | (P-20205/89; A-199) | |
| 2501.19 ^a | m | (P-141) | | 6101.20 | am | (P-20205/89; A-199) | |
| 2501.25 | am | (P-141) | | 6101.20 | am | (P-20205/89; A-199) | |
| TITLE 68 | | | | 6101.20 | am | (P-20205/89; A-199) | |
| 1380.210 | am | (P-7346/90; A-247) | | 6101.20 | am | (P-20205/89; A-199) | |
| 1380.220 | am | (P-7346/90; A-247) | | 6101.20 | am | (P-20205/89; A-199) | |
| 1380.230 | am | (P-7346/90; A-247) | | 6101.20 | am | (P-20205/89; A-199) | |
| 1380.240 | am | (P-7346/90; A-247) | | 6101.20 | am | (P-20205/89; A-199) | |
| 1380.250 | am | (P-7346/90; A-247) | | 6101.20 | am | (P-20205/89; A-199) | |
| 1380.260 | am | (P-7346/90; A-247) | | 6101.20 | am | (P-20205/89; A-199) | |
| 1380.270 | am | (P-7346/90; A-247) | | 6101.20 | am | (P-20205/89; A-199) | |
| 1380.280 | am | (P-7346/90; A-247) | | 6101.20 | am | (P-20205/89; A-199) | |
| 1380.285 | n | (P-7346/90; A-247) | | 6101.20 | am | (P-20205/89; A-199) | |
| 1380.290 | am | (P-7346/90; A-247) | | 6101.20 | am | (P-20205/89; A-199) | |
| 1380.300 | am | (P-7346/90; A-247) | | 6101.20 | am | (P-20205/89; A-199) | |
| 1380.310 | am | (P-7346/90; A-247) | | 6101.20 | am | (P-20205/89; A-199) | |
| 1380.320 | am | (P-7346/90; A-247) | | 6101.20 | am | (P-20205/89; A-199) | |
| 1380.320 | am | (P-7346/90; A-247) | | 6101.20 | am | (P-20205/89; A-199) | |
| 1380.Ap.A | am | (P-7346/90; A-247) | | 6101.20 | am | (P-20205/89; A-199) | |
| TITLE 86 | | | | 6101.20 | am | (P-20205/89; A-199) | |
| 440.90 | am | (P-13429/90; A-117) | | 6101.20 | am | (P-20205/89; A-199) | |
| 450.10 | am | (P-13434/90; A-122) | | 6101.20 | am | (P-20205/89; A-199) | |
| TITLE 89 | | | | 6101.20 | am | (P-20205/89; A-199) | |
| 104.250 | am | (P-15) | | 6101.20 | am | (P-20205/89; A-199) | |
| 104.272 | am | (P-15) | | 6101.20 | am | (P-20205/89; A-199) | |
| 104.304 | am | (P-15) | | 6101.20 | am | (P-20205/89; A-199) | |
| 104.330 | am | (P-15) | | 6101.20 | am | (P-20205/89; A-199) | |

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TITLE 89 (CONT'D)

| | | |
|----------|----|--|
| 112.340 | n | (P-157) (E-338) |
| 113.251 | am | (P-15701/90; A-277) |
| 113.303 | am | (P-15701/90; A-277) |
| 114.402 | am | (P-15712/90; A-288) |
| 120.61 | am | (P-159) (E-348) |
| 120.72 | am | (P-159) (E-348) |
| 120.74 | am | (P-159) (E-348) |
| 120.386 | am | (P-159) (E-348) |
| 140.485 | am | (P-14317/90; O-21120/90; RC-21124/90; RC-21135/90; M-368; A-298) |
| 140.486 | r | (P-14317/90; A-298) |
| 140.487 | am | (P-14317/90; A-298) |
| 140.488 | n | (P-14317/90; A-298) |
| 140.562 | am | (P-13963/90; O-17718/90; R-366) |
| 140.662 | am | (P-14317/90; A-298) |
| 140.Tb.A | r | (P-14317/90; A-298) |
| 431.2 | am | (P-4303/90; A-24) |
| 431.3 | am | (P-4303/90; A-24) |
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